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ABSTRACT

An educational specialist employed as a learning consultant to schools in a seashore resort community planned and implemented a practicum study intended to address problems in the prekindergarten screening process of the community's primary school. Practicum goals were to: (1) identify children who would benefit from prekindergarten intervention; (2) demonstrate the need for an interdisciplinary team approach to the screening process; and (3) train prospective evaluators, kindergarten teachers, and parents involved in the screening process. Actions taken to attain these goals included administration of a needs assessment survey to screening team members, selection of a new screening instrument, formation of a screening committee, dissemination of information on developmentally appropriate practice and the screening process, and efforts to encourage the attendance of parents and children. Practicum evaluation data indicated that the intervention was effective. Committee members were satisfied with the new instrument, training, screening, and follow-up. Teachers indicated that the summary sheets and follow-up by committee members were helpful in assessing children's ability to acquire skills and identifying children's needs for diagnostic services. Parents were impressed with the smoothness of the process and the follow-up. (Author/RH)

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# IDENTIFYING AT RISK KINDERGARTEN ELIGIBLE CHILDREN THROUGH THE DEVELOPMENT OF A COMPREHENSIVE PREKINDERGARTEN SCREENING PROGRAM

by

Ellen M. Wright

Cluster XXVI-A

PS 018613

A Practicum II Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Ellen M. Wright under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

11/30/89
Date of Final Approval of Report

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TABLE OF CONTENTS

Page

TABLE OF CONTENTS.....iii

LIST OF TABLES.....v

ABSTRACT.....vi

Chapter

I. INTRODUCTION.....1

Description of Community.....1
Author's Work Setting and Role.....3

II. STUDY OF THE PROBLEM.....13

Problem Description.....13
Problem Documentation.....16
Causative Analysis.....27
The Related Literature.....29

III. ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS.....43

Statement of General Goals.....43
Behavioral Expectations.....43
Mechanism for Recording Unexpected Events.....45
Evaluation Instruments.....45
Analysis of Data.....47

IV. SOLUTION STRATEGY.....49

Discussion and Evaluation of Solutions...49
Description of Selected Solutions.....52
Report of Action Taken.....58

V. RESULTS. CONCLUSIONS AND RECOMMENTATIONS....77

Results.....77
Conclusions.....94
Recommendations.....97
Dissemination.....100

REFERENCES.....102

Appendices.....110

A. Special Education Plan 1987-1990.....111

B. Informal Survey: PKST.....115

C. Training Program Evaluation Form.....119

D. Meisel's Decision Matix: ESI.....121

E. Initial Training Evaluation Results.....124

F. Follow-up Training Evaluation Results.....126

G. Meisel's Letter of Permission.....128

H. Screening Evaluation Form.....130

I. James Jan-Tausch Research Committee Letter..132

J. Governor's Teacher Grants Program Letter....134

K. PKSC Formation Letter.....136

L. Screening Instruments List.....138

M. Cover Letter to Parents on Screening.....140

N. Check Point Sheet.....142

O. ESI: Parent Orientation Handout.....144

P. Summary Sheet.....146

Q. "OK" Screening Letter.....148

R. "Rescreen" Screening Letter.....150

S. "Refer" Screening Letter.....152

T. James Jan-Tausch Award.....154

LIST OF TABLES


| Table | | Page |
|---|---|---|
| 1 | Prekindergarten Screening Results for 1987 and 1988 | 15 |
| 2 | Prekindergarten Screening Evaluation | 87 |
| 3 | Prekindergarten Screening Results for 1989 | 93 |

ABSTRACT

Identifying At Risk Kindergarten Eligible Children Through the Development of a Comprehensive Prekindergarten Screening Program. Wright, Ellen M., 1989: Practicum Report, Nova University Ed.D. Program in Early and Middle Childhood. Descriptors: Early Childhood Education/Handicap Identification/High Risk Children/Parent/Teacher Education/Interdisciplinary Approach/Intervention/Kindergarten/Needs Assessment/ Observation/Program Evaluation/Screening/Test Reviews.

Proper identification of at risk kindergarten eligible children was a major concern of all those who had been interviewed by this writer. Therefore, the first goal of this practicum was to identify children who would benefit from early intervention before beginning kindergarten. The second goal was to demonstrate the continued need for an interdisciplinary team approach to the prekindergarten screening process. The third goal was to serve as a training function for prospective evaluators, kindergarten teachers and parents involved in the screening process.

The writer administered a needs assessment survey to screening team members: determined a need for a new screening instrument, training, dissemination of information on developmentally appropriate practices: formation of a new screening committee, planned and facilitated instrument selection, training, screening, registration and orientation procedures, disseminated information on developmental appropriate practice amd the screening process: encouraged parent/child attendance through radio announcements, and newspaper articles: developed and administered evaluation format.

In analyzing responses to the screening process, those involved indicated that the practicum proved to be an informative and positive experience. Committee members were satisfied with the new instrument, training, screening and follow-up. Teachers indicated that the summary sheets and follow-up by PKSC members were quite helpful in assessing the child's ability to acquire skills and identifying children who may be in need of further diagnosis of a specific developmental problem. The parents of these children were impressed with the smoothness of the registration, screening and orientation processes, as well as the follow-up procedures. PKSC members, teachers and parents found the program to be excellent, and offered constructive suggestions for planning future activities.

# CHAPTER I

# INTRODUCTION

## Description of Community

The school district in which this practicum took place is in a seashore resort community which is dependent upon tourist patronage. This city has experienced a steady growth in "year-round" population at a 6% annual rate over the past five years. Today, the community has a year-round population of approximately 17,000 residents which rises to over 150,000 between Memorial Day and Labor Day. There appears to be a continuing trend of converting summer homes into year-round homes. The population median age has risen to a 1985 projection of 52 years old.

Available land has dwindled rapidly as the number of dwellings built annually have decreased by 60% in the past nine years. Real estate prices have increased at about the rate of 12% annually and property ownership continues to turn over at an approximate rate of every five years. With the establishment of the casino industry in a neighboring resort city, the current trends, will probably continue to increase over the next ten years. In contrast the population median age is predicted to drop within the upper 40 year old range by the turn of the century.

The community is generally considered to be "wholesome" and family-oriented. In 1986 the 100-year old Blue Laws were loosened to include optional Sunday openings of stores and amusement facilities, much to the chagrin of the town fathers. However, the sale of liquor in the resort area is still prohibited.

The school district consists of three separate school buildings, and a suite of rented offices for the Superintendent, the Curriculum Coordinator, and the Board of Education on the third floor of a neighborhood bank building. The three schools include: Primary (Kindergarten through Third Grades), Intermediate (Fourth through Eighth Grades), and High School (9th Grade through 12th Grades). In addition the school district is responsible for screening, assessment and placement of "at risk" 3-to-5-year-olds, and those children eligible for special services ages 3 through 21, including those who may attend private schools in the city. The majority of students are from middle class families with fairly equal distribution among the upper and lower socioeconomic classes.

## Author's Work Setting and Role

The Primary School, the school in which this practicum was implemented, has experienced slow, but steady growth paralleling the community's growth. The student population has increased from approximately 300 students in 1977 to 500 students at the start of this practicum in January, 1989. The school housed 103 half-day kindergarten students, 156 first graders, and 112 second graders on January 1, 1989. The 129 third graders have been housed in the Intermediate School for the 1988-89 and 1989-90 school years due to a building program at the Primary School. The primary school population is composed of approximately 81% Caucasian, 15% Black, less than 2% Hispanic and less than 2% Asian/Pacific or other racial or ethnic group. The student population is not significantly weighted in regard to the male/female ratio.

The general socioeconomic make-up of the primary school is middle class, similar to the school district as a whole. A relative balance exists between the upper and lower echelons. Students come from areas containing homes selling for $400,000, as well as from government suppported housing projects. About 25% of the primary students come from families eligible for government programs, such as free or reduced lunches, as determined by criteria established by governmental

organizations. Parents' occupations range from highly skilled technical workers, doctors, lawyers, educators, blue collar workers, and the like to dependent child recipients, and those receiving welfare.

The Primary School is a part of the local school district, controlled by the local district Board of Education. The district Board of Education is answerable to the State Board of Education. Both Board's of Education are comprised of elected officials from the local citizenry. The State Board of education established the rules and regulations for the public school districts, but the local school district must establish its own standards and policies to comply with these mandates, and see that they are implemented appropriately.

The school district's philosophy emphasizes all aspects of the intellectual, ethical, social, aesthetic, political and physical needs of the student. In addition, each school's objectives provide for individual differences among students through specific goal statements and objectives designed to meet individual needs, interests and career aspirations. Within the guidelines of the approved curriculum, the teaching staff helps each child to achieve his potential in a challenging and encouraging atmosphere. The Parent-Teacher Association (PTA), works within the

school and the community to facilitate more effective communication between parents and staff.

The primary school administration consists of one principal. There is one certified guidance counselor at the primary school employed for the first time during the 1987-88 school year. This guidance counselor works with Kindergarten through Grade 3 and counsels children through their four years of the primary school experience.

In addition the main office of the district Special Services is adjacent to the primary school building. There is one Director of Special Services, an administrative position. There are three district-wide, state certified Learning Consultants (LC's), three district-wide, state certified School Psychologists, and two district-wide, state certified School Social Workers who make-up the current district Child Study Team (CST). There are three district-wide, state certified Speech and Language Specialists who are also building-based, and supplemented by their colleagues as needed. The Speech/Language Specialist had become a member of the CST for the first time in the 1988-89 school year under the Plan to Revise Special Education (P2R) in New Jersey. This school district is one of the pilot school districts for P2R.

One LC, one School Psychologist and one Speech/Language Specialist are building-based at the Primary school. Each building is supplemented by other CST personnel as needed. All of the Special Services staff, including the Director, hold a master's degree or higher. Three of the Special Services staff members are enrolled in fully-accredited doctoral programs.

The faculty is composed of 30 teachers. All teachers are assigned to classes in their area of certification, Elementary: Kindergarten through Grade 8. There are 29 females and one male on the primary teaching faculty. Of this number all 30 are Caucasian. There are no other racial or specific ethnic groups represented on the faculty in this building. Nineteen members of the faculty have taught ten years or more, eight have taught 3 to 10 years and three have taught less than two years. Seven teachers hold a master's degree or higher.

The Primary School houses six half-day Kindergarten classes (Three Teachers), one Pre-First Grade or Transitional Class, five 1st-grade classrooms, and five 2nd-grade classrooms. Five 3rd-grade classrooms are housed in the Intermediate School this year. Supplementing the regular teaching staff are: one Art Teacher, one Music Teacher, one Physical Education Teacher, two Basic Skill Improvement Program

(BSIP) teachers for reading and one BSIP teacher for mathematics. The special services teaching staff include: one Gifted & Talented/P.A.C.E Program Teacher, two Challenge Class Teachers, one for second grade and one for third grade, who are certified Teachers of the Handicapped and teach with a regular classroom teacher, one Supplemental Teacher for the Resource Center (RC), and one full-time special class/LD-type classroom teacher who has an aide.

Primary classes are generally grouped at random with some attention given to the previous year's teacher recommendation. Most students take reading, mathematics, spelling, handwriting, language arts, social studies, science, art, music and physical education within the regular program. The average pupil/teacher ratio is 1:23.

Under the Plan to Revise Special education (P2R) special needs students may have replacement services of individual subject areas, such as reading, mathematics and English in the Resource Center (RC), or they may have services which support or supplement their regular classroom instruction in a particular area within the regular classroom. There is one self-contained in-district program at the Primary School level for primary students found Eligible for Full-Time Special Education in a Learning Disability Type Program serving

12 students. Approximately 20 special needs students are presently being served through the RC program as Eligible for Part-Time Special Education students. Six special needs children are served in a second grade challenge class of 14 children at the Primary School by a regular classroom teacher and a special education teacher. Six special needs children are served in a third grade challenge class of 15 children at the Intermediate School by a regular classroom teacher and a special education teacher. Children who have special needs which require a more restricted full-time program are currently being provided with an out-of-district program in accredited special schools, thus meeting their Individual Educational Program (IEP) needs.

Special needs of children are identified early through the preschool and prekindergarten screening processes conducted through the department of special services. As a result, potential learning, physical, speech/language, motor, and/or social/emotional problems can be identified and addressed early, and either prevented or remediated before they become a more serious handicap. In addition, enrichment activities can be provided for those students who have lacked exposure to an organized preschool curriculum, or who may be developmentally slower, so that their adjustment to the Primary School may be successful.

Students who are identified as Gifted & Talented (G/T) are exposed to enrichment activities within the PACE Program in addition to their regular program. The Basic Skills Improvement Program (BSIP) was designed for those students who fall below the 25th percentile on the group standardized test, the California Achievement Test, which is administered annually, or those students who through classroom performance and teacher recommendation have exhibited the need for remedial math or reading classes. The students who are eligible for these special programs are determined through state and local guidelines.

The writer functions as a district-wide Learning Consultant or LC, building-based for the first time this school year at the Primary School. The writer supplements the primary school program in her roles as observer, intervention strategist, educational diagnostician, educational consultant to teachers, parents, administrators and students, curriculum program planner, and designer of instructional strategies, techniques and methods for children with special needs ages 3 through grade 3. Her professional development is encouraged through inservices, seminars and workshops as participant, facilitator and/or leader.

The writer holds a Bachelor's Degree in Child Development, a Master of Education in Special Education, and an Educational Specialist Degree (M.Ed. + 60 credits) in Learning Disabilities. She is certified by the New Jersey Department of Education in the following areas: Reading Teacher, Early Childhood Teacher, Elementary Education: Grades K through 8, Teacher of the Handicapped (Pre-K through Grade 12), Learning Disability Teacher-Consultant (Pre-K through Grade 12), and Supervisor. All areas of certification include a specialization in early childhood and special education.

The writer has recently completed her 15th year in education. The past seven years have been in this school district as a Learning Consultant, ages 3 to 21, building-based at the high school. During this time, the writer has been active in school-related programs at the local level. She has served as Co-Chairperson of the School District Special Education Curriculum Committee for seven years. She has also served for seven years on the district Annual Plan Committee for Special Education. She has been a member of the Advisory Council for the County Vocational School Program and the Special Education Committee there for seven years. The writer is also a member of the State and County Chapters of the Association for

Children/Adults with Learning Disabilities, and acted in an advisory capacity during the County Chapters first year of operation during the 1986-87 school year. For 11 years she has been an active member of the state Association of Learning Consultants and has served on workshop planning committees during that time.

The writer has helped to coordinate the Primary School annual participation in the County and State Tournament of Champions for the Learning Disabled during the past six years. She had been involved for 15 years as coach and coordinator for the Tournament while employed in other educational capacities throughout the state. The writer has served over the past seven years on the physical education, music, social studies and testing, district-wide curriculum committees.

The writer was named to "Who's Who in American Writers, Poets, and Editors" for the 1986/87, 1987/88 and 1988/89 edition. She has been recently nominated for the 1989/90 edition. She graduated in December, 1987, from the Institute of Children's Literature Writing Program, and has been recommended by her instructor for the graduate writing program. She has authored both special education and early childhood curriculum, Learning Activity Packages (LAP), as well as short stories, and educational magazine and journal

articles. She is currently working on a book for special needs students to become better acquainted with their learning abilities, and their disabilities.

The writer was recently included in "Who's Who in American Education" for 1987/88 and 1988/89, awarded plaques for both years and nominated for the 1989/90 edition. She has been included in the 1988/89 edition of "Who's Who in American Women" and nominated for the 1989/90 edition. She has been a member of the local, state and National Educational Association for eleven years, the National Association for Supervision and Curriculum Development (NASCD) for ten years, the National Association (and County Chapter) for the Education of Young Children (NAEYC) for five years, and the Association for Childhood Education International (ACEI) for four years. She is also a life-time member of Delta Epsilon Sigma (DES), a National College Honor Society, since 1974.

# CHAPTER II

## STUDY OF THE PROBLEM

### Problem Description

In May, 1987, this writer, in preparation for the first practicum, contacted the Primary School Principal, the Intermediate School Principal, the Director of Special Services and the retiring Superintendent of Schools for an interview. During the course of each of the interviews the writer defined the purpose of the practicum, as well as the goals of the practicum component and the practicum phases. The writer asked each of the administrators involved to address at least three problem areas or situations which they would feel comfortable in her investigating, planning and implementing solution strategies for within the school district. Each of the administrators cited diverse problems and situations, but the Primary School Principal and the Director of Special Services addressed the current pre-kindergarten screening process as one of the common problems.

During that 1987 interview, the Director of Special Services and the Primary School Principal had cited the results of the district's prekindergarten assessment as proof that this need exists. This

problem was confirmed by most of the 14 member evaluation team in informal surveys and interviews. The spring, 1987 prekindergarten assessment identified 18 out of 70 children as developmentally delayed or at risk for potential learning differences. A total of 12 children had birthdates in the last quartile of the year of age eligibility which extended from June 1 to September 30, and 1 of these children was identified as developmentally delayed or at risk for potential learning differences. Some parents (3) had withheld their eligible children from the start of school, citing immaturity of their child as the primary reason. Statistics for the 1988 Prekindergarten Screening were indeed similar (See Table I).

The Three Year Special Education Action Plan Committee (1987-1990) also documented the existence of a problem in their report to the State Department of Education (See Appendix A). After a brief review of the literature, some suggestions were made to remediate the problem. As of December, 1988, the committee had not acted on any of these suggestions. According to the report to the State, an Action Plan must be implemented to solve this problem by June 30, 1990.

Briefly stated then, the problem was that the school district, had conducted an inadequate pre-kindergarten screening. The yearly screening

Table 1

Prekindergarten Screening Results
1987 & 1988

| | April, 1987 | April, 1988 |
|---|---|---|
| Total # Screened | 70 | 71 |
| Id'd At-Risk/ Dev. Delay/Other | 18 | 19 |
| Referred in Spring or Fall for Spec.Ed. | 4 | 3 (to date) |
| Elig. for Spch. and/or Lang. | 5 | 3 (to date) |
| Health/Physical Referral, ie. Vision, Hearing, etc... | 5 | 4 |
| Re-Screen in Fall | 4 | 3 |
| Learning Consultant Consultation | 7 | 9 |
| Early Admissions (post-Sept 30th cut-off) | 2 | 0 (no longer allowed) |
| Last Quartile Birthdates | 12 | 15 |
| Referred Last Quartile Birthdates | 1 | 1 |
| Unidentified/Unscreened Students Eventually Referred | 3 (to date) | 1 (to date) |
| Unidentified/Unscreened Students Referred for Intervention/SRC | 5 (Intervention) | 6 (SRC) |
| Kindergarten enrollment as of September 1. | 118 | 103 |

process had become long, tedious and repetitous, and did not provide for systematic observation or parent inservice. The school needed better screening data regarding the identified child's developmental needs including her strengths and weaknesses in order to assess the need for a more comprehensive evaluation and to provide the kindergarten teachers with better input.

## Problem Documentation

The problem had been documented through the Prekindergarten Screening Results for 1987 and 1988 (Table I) and the Three Year Special Education Action Plan (Appendix A). Individual interviews were conducted with the Director of Special Services, the Primary School Principal and the three kindergarten teachers, and 14 members of the Prekindergarten Screening Team (Appendix B) were informally surveyed.

The Prekindergarten Screening Results for 1987 (70) and 1988 (71) showed a similar number of students screened during the Kindergarten Round-Up (See Table 1). Enrollment as of September 1, 1987, showed a 41% jump between screening and the actual start of school. In September 1988, a 29% increase in enrollment was observed. However, the additional 48 children in 1987 and 32 children in 1988 were never screened before

entering kindergarten. Of those who were not screened in 1987, three children were eventually referred to the Child Study Team for a comprehensive evaluation, and five were referred to the Child Study Team for some form of Child Study Team intervention. Only one of these children were eventually found to be Eligible for Special Services. In the Spring of 1988, one of the unscreened students had been referred directly to the Child Study Team. However, six of the unscreened students had been referred to the School Resource Committee for intervention within the school program.

The School Resource Committee is a component of the pilot program, the Plan To Revise Special Education (P2R) in the state. The SRC is a committee headed by the Primary School Principal containing at least one teacher from each grade level and one Child Study Team member. The writer is a member of the Primary SRC. The purpose of this committee is to prevent special education referrals as much as possible by making adjustments through interventions by individual SRC members within the school setting or curriculum in order to accomodate mild to moderate learning and behavioral differences. Only the students with more severe learning differences and special needs would then be referred by the SRC to the Child Study Team.

In 1987 five kindergarten eligible students were found to be Eligible for Speech and/or Language instruction at the Kindergarten Round-Up, while in 1988 three children were identified for Speech and/or Language instruction. Five kindergarten eligible students were referred in 1987 by the School Nurse to their doctors or medical specialists because of health or physical problems, failing the vision or hearing screening, or lack of proper immunization. There were four children referred in the health category in 1988.

Re-screening was recommended for four children in 1987 and three children in 1988 as a result of the prekindergarten screening (PKS). Students were generally recommended for re-screening because of immaturity or behavior problems observed in test-taking, or invalidity of the test. However, only one of those students so referred in 1988 was actually re-screened to date. No students were re-screened in 1987.

Sometimes students passed the PKS, however, one or two specific subtests displayed questionable or "failing" results indicating a need for consultation with the kindergarten teacher by a member of the Prekindergarten Screening Team (PKST) regarding the students skill development. A PKST member would meet with the teacher to describe the student's strengths

and weaknesses in screening, and to recommend remedial or developmental instruction in specific areas which may include fine and gross motor skills, language skills, social and/or emotional development, and readiness skills. In 1987 seven students were referred for such consultation, and in 1988, nine students were referred for this consultation. The same member of the PKST, the Primary School Learning Consultant, consulted with the three kindergarten teachers utilizing the notes of the 14 member team and the actual screening results in all cases during 1987. At a meeting with the kindergarten teachers in early November of this year, the teachers expressed their discontent that they had yet to have consultation on the nine students who were cited for consultation in the 1988 PKS. Three students from the 1988 PKS had been brought to the kindergarten teachers' attention by a member of the PKST after the kindergarten teachers had questionned the classroom performance of these specific students.

In this school district, students who plan to enter kindergarten in September must have reached the age of five prior to September 30th of that year in order to be eligible. In 1987 two students who had birthdays in October were nominated to the PKST after special consideration by the Superintendent of their parents' requests. Having successfully "passed" the

PKS with above average scores, the PKST recommended to the Superintendent that these students be considered for early admission. The Superintendent then affirmed the early admission's request. Only one of these two children actually started kindergarten in September, 1987. The other child's parent decided to wait until September, 1988, to start her child in kindergarten. In 1988, the Superintendent put a moratorium on all requests for early admissions because of rapidly increasing enrollments and limited classroom space within the expanding Primary School.

In examining the birthdates of the 70 children screened in 1987, only 12 children had birthdates within the last quartile, June 1 through September 30. Of these 12 children, only one child was eventually referred to the Child Study Team and became Eligible for Special Services. In 1988, 15 children who were screened had birthdays in the last quartile, and only one of these children has been referred to date.

The writer was a member of the Three Year Plan for Special Education Committee which met in 1987 to determine program, personnel, facilities, and related service target areas in each of the three school buildings for the 1987-1990 term. The committee headed by the Director of Special Services identified specific needs in each of the designated target areas. The

committee wrote goals and objectives for each projected need and then proposed a Plan of Action/Evaluation Plan. Upon approval by the state, the committee was to reconvene in order to prioritize tasks and begin their implementation of the proposed program.

The original Three Year Plan for Special Education (Appendix A) had been written by the Committee consisting of a school social worker, a school psychologist, a learning consultant and a speech/language specialist. Some preliminary review of the literature was entertained. The Director of Special Services read and edited the Plan before submission to the State for approval. This was done in an effort to bring clarity to the project, the Director had indicated in an interview.

In reviewing Section A and Sections C/D with the Director of Special Services following final approval, an error was noted in line 2: "A few children are identified as 'high risk' in terms of readiness" and "As a result of this screening process, certain children are considered "at risk" in terms of their readiness for a kindergarten experience". The purpose of the kindergarten screening for the past eight years had been to identify students who may be "at risk" for special education or related services, and not for readiness testing. The instruments that were in use

were not readiness tests, rather they were more correctly identified as informal screening instruments.

Readiness for school was a definite concern of the committee, the guidance counselor, the Primary School Principal, as well as the kindergarten teachers. However, a four week summer program, as cited in the Plan, would not greatly affect the readiness skills of these children and was not the specific purpose of the screening.

The goals and objectives of the program were satisfactory with regard to a summer program for identified, at risk children and parent inservices. However, the summer program would be more realistically geared towards a systematic observation of those students identified as at risk in order to obtain more realistic diagnostic data through assessment of their strengths and weaknesses in an actual learning situation.

The Screening Committee did not become operational in September, 1987, as planned, and had not met for the purposes set forth in the Action Plan as of December, 1988. No recommendation for hiring of new personnel for the summer prekindergarten class had been made to the School Board as of December, 1988, although the salary of such a person had been placed in the preliminary budget in the fall of 1988.

The Plan indicated that approximately $600 should be made available for equipment and materials needed for the program. The amount appeared to be unrealistic with regard to outfitting a prekindergarten program and would need to be reviewed before implementation. Inservice education and materials budgetted needed to be reconsidered. Curriculum development for the program could follow the original strategies designed, as well as the evaluation method chosen.

An Informal Survey (Appendix B) was also conducted by this writer. The writer devised a series of questions from her own experiences with the prekindergarten screening process, and informally asked each member of the PKST to respond to them.

In evaluating question number one, 71% of the Team members were dissatisfied or uncomfortable with the current prekindergarten screening instrument or technique. The majority of the PKST members (92%) said they needed to examine several developmental screening instruments. However, 50% of the PKST had already examined a few of these instruments within their own discipline.

Most of the members of the PKST (42%) said that previous screening instruments were chosen within their own discipline based upon their own personal experience

with the instrument or experience by someone in their discipline. Another 28% indicated that the choice had been based upon availability of the instrument or convenience.

Communication among disciplines regarding the screening process appeared to be a problem with 71% of the PKST members. Other than through the initial meeting and the follow-up interpretative meeting set up by the Director of Special Services, there was no real interchange of knowledge or ideas about the children screened or the screening process. Those who responded "no" had either accepted the expertise and/or knowledge of their colleagues, felt that there was not enough time for other meetings, or were satisfied with the current information exchanged.

About 71% of the PKST indicated that they were not doing enough follow-up in the Primary School with the Kindergarten teachers, Principal and Guidance Counselor. About 64% of the total PKST were not currently involved in follow-up. And 50% of the entire PKST said that they had very little knowledge of the follow-up procedures.

In the area of parent communication 50% of the PKST were dissatisfied with the current letter format sent home to parents following the screening, and would like to see it changed. In discussing this idea with

members of the PKST, 35% had never seen the letter format or were not familiar enough with the format or content to comment at the time of the interview. Another 85% of the PKST saw a need to disseminate more materials or information to parents about what constitutes developmentally appropriate behavior. The PKST (78%) observed the need to have more direct oral communication with parents through the Parent-Teacher Association, Public Service Announcements and workshops and/or seminars. Several PKST (57%) members announced that they did not know how they felt about the parent communication process following the screening process, because they had not been directly involved in the process.

One of the major positive comments about the current Pre-Kindergarten Screening process was the fact that the children were screened by a multidisciplinary team of professionals, including the school nurse, the physical education teacher, the psychologist or social worker, and the learning consultant. The PKST were also quite satisfied with the individual administration by qualified professionals. The current nurse's assessment, as well as the speech/language screening instrument and procedures were considered strengths. Although members of the PKST were not 100% in agreement with the contents of the current Parent Questionnaire,

all of the PKST did agree that a Parent Questionnaire should remain an essential element of the screening process. The current procedure had been inexpensive with not more than $50 a year direct expenditures for screening instrument response booklets and materials. Indirect costs were also lessened by the fact that all personnel involved in screening were either volunteer, or salaried and contracted by the school district.

Among the weaknesses of the present Prekindergarten Screening process, the PKST cited the unreliable and invalid screening tools that were being utilized and the fact that standard scores and percentiles were not made available. Most of the PKST did feel that the process was long, tedious and repetitive, very often taking a minimum of one hour to process a child through all of the screening center areas. The school district had seen an increase in bilingual families over the past three years. Public Service Announcements (PSA's) concerning the dates and times of kindergarten registration and the screening instruments themselves were only available in English.

Two of the three learning consultants did feel that the Learning Consultant screening experience was uninteresting and unenjoyable for many of the children. It was also the longest of the screening subtests, taking from 15 to 20 minutes to complete. The results

were generally not acceptable for any follow-up assessments, since additional screening and testing was often necessary.

## Causative Analysis

The problems involved in the prekindergarten screening process had many suspected causes. One of the major causes of the problems was that the Pre-Kindergarten Screening Team (PKST) had not investigated the pre-kindergarten screening instruments available, as a group. Each had chosen their own tools and materials within his/her own discipline, including the three psychologists and two social workers, the nurse, the physical education teacher, the three speech/language specialists and the three learning consultants. Screening instruments had been chosen by individual members within each discipline at random based upon previous experience, availability of the instrument, or convenience, without a comprehensive investigation into what may be available for the screening process.

Another cause of the problems had been the lack of communication between and among disciplines involved in the screening process. Each had accepted the expertise and knowledge of the other members of the team without

comparing notes about specific areas screened. Thus, repetition had frequently occurred with regard to the actual developmental areas screened and important information about each child was often not shared.

The PKST presented the results of their own screening in a conference attended by all members of the screening team and the Director of Special Services would note those children who had not succeeded in passing various areas of the screening process. Thus a problem developed when the Director's notes were given to one of the learning consultants who would in turn interpret the results of the screening process, often with very little knowledge of those children whom she personally had not seen in screening. She also handled the parent telephone calls precipitated by the form letters mailed home following the screening process.

A fourth major cause of the problems is that there was insufficient dissemination of knowledge and materials which could promote parental awareness of appropriate child growth and development. A continuation of workshops, seminars and literature dissemination in motor skills, language, social/emotional and academic readiness either before, during or after the screening process would further communication with parents.

Since the city is a resort community there is a great availability of winter rentals at a very reasonable monthly rate. This availability attracts a transient population to the community who generally enter in late September or early October and leave before Memorial Day, or sometime in June, if they are fortunate enough to get winter rental through the school year. The norm is an October 1 to May 31 rental period which results in a problem for school officials. It is a bigger problem for the student who may be missing out on a good portion of her school year, or the kindergarten eligible child who missed out on kindergarten screening and resulting follow-up. Through 1988, there was no fall kindergarten screening.

## The Related Literature

Many early childhood professionals have examined current prekindergarten screening instruments for identification of children who might profit from early intervention or for special services with attention to validity and reliability. For the purpose of this proposal, this writer has accepted the following definition according to Mercer, Algozzine, and Trifiletti (Spring, 1979).

> Early identification refers to the practice of screening infants and preschool children in an attempt to discover those likely to be "at risk" of experiencing school problems at a later time (p. 176).

Meisels (1987) has listed the following well-known and widely used developmental screening tests for identifying "at risk" children: The Denver Developmental Screening Test-Revised (DDST-R), the Early Screening Inventory (ESI), The McCarthy Screening Test (MST), the Minneapolis Preschool Screening Instrument (MPST or MCDI), the Gesell Developmental Screening Inventory, or the Gesell School Readiness Screening Test, the Developmental Indicators for the Assessment of Learning (DIAL) and the Comprehensive Identification Process (CIP).

In a recent review Meisels (1986 & 1987) designed a decision matrix for evaluating an early childhood developmental screening instrument. He utilized this matrix to evaluate each of the above mentioned screening insruments. The following general criteria was selected:

1. Consists of a brief procedure designed to identify children who may have a learning or handicapping condition that could affect their overall potential for success in school.
2. Primarily samples the domain of developmental tasks, rather than the domain of specific academic readiness accomplishments.

3. Focuses on performance in a wide range of areas of development including speech, language, cognition, perception, affect, gross and fine motor.

4. Includes or refers to classificational data concerning the normative development, and the reliability and validity of the instrument.

Four developmental screening instruments were found to be the most reliable and valid according to Meisels standards: The Denver Developmental Screening Test (DDST-R: Frankenburg, Fandal, Sciarillo & Burgess, 1981), the Early Screening Inventory (ESI: Meisels, 1983), the McCarthy Screening Test (MST: McCarthy, 1978), and the Minneapolis Preschool Screening Instrument (MPSI: Ireton & Thwing, 1972). Classification data concerning the predictive validity of such tests as the Gesell Developmental Screening Inventory, or the Gesell School Readiness Screening Test, the DIAL, and the CIP were reportedly inadequate and inconclusive. According to Meisels (1984, 1986 & 1987), Meisels, Wiske, and Tivnan (1984) and Schweinhart & Weikart (1986) these tests should not be recommended for use in a developmental screening program, since they do not meet the fourth criterion.

Many school districts across the nation have adopted the Gesell philosphy over the past 15 to 20 years. They have "mis"-administered the Gesell tests as "screening" tests for kindergarten, or have used the

Gesell tests to determine which kindergartners should enter first grade. Researchers and psychologists warn against the use of the Gesell tests in this manner, since "the psychometric properties of the Gesell tests of development have been almost completely neglected" (Bear & Modlin, 1987). In Bear's and Modlin's computerized study of data of the Gesell Preschool Test (GPT), it "showed no published empirical studies on the validity and reliability of the GPT." Bear and Modlin further conclude that ...

> ...the Gesell 'notion' that the assessment of developmental maturity provides useful information for placement of children into regular first grade should be questioned... Immaturity, particularly in relation to school readiness, is a nebulous psychoeducational construct in desperate need of justification for its popularity of use (p. 40).

Meisels (1984 & 1987) would agree with this statement. He has investigated and solved similar problems through development of screening instrument selection programs, development of parent questionnaires for their specific school population, implementation of such screening programs and dissemination of the questionnaires. Meisels ( 1984 & 1987) has proposed inservices or training of the school district's multi-disciplinary team or student services staff involved in the screening process, as well as those involved in the teaching of the students. Results of these methods and strategies have been

generally positive when the screening instruments that have been chosen are reliable and valid, meeting the evaluative criteria set forth by the screening committee (Judy, 1986; Meisels, 1987; Schweinhart & Weikart, 1986), as indicated previously in this proposal. Effective communication has been heightened by the parent-school partnership. Follow-up has been essential to most programs examined to date. Evaluation of the screening program and examination of its strengths and weaknesses was also deemed important. It is important for the coordinator of the screening program to be flexible in order to meet the needs of children involved (Judy, 1986; Meisels, 1984 & 1987).

Dagget (1979) and Orlando (1981) stress the need for a multidisciplinary or team approach to prekindergarten screening. This pool of professionals is essential, they both feel, to the screening process. This California based team of Dagget "felt that a multidisciplinary team could indeed provide a viable method for setting the goals for the kindergarten program for the coming year (p. 278)."

Sahin (1978) depicts the importance of efficiency in preschool screening for children who are educationally at risk. A combined medical-educational approach is fostered through Sahin's Massachusetts Preschool Screening Program (PSSP) model which utilizes

the school nurse as a screener. The Denver Developmental Screening Test (DDST) was chosen for the main screening instrument after thorough investigation and discussion by a screening committee. The KENAN was an observational physical screening tool developed by Sahin to be used in conjunction with height and measurement assessment. The assets of this model included the careful planning, staff training, pre-testing of the screening tools, equipment acquisition, physical set-up, and facility of administration. It appears from the analysis of this article and the year of publication that the DDST utilized was the pre-1977 version.

Miller & Sprong (1986) compared four preschool screening instruments with regard to basic information that should be considered in the selection of norm-referenced tests. They cite McCauley & Swisher (1984) who identified 10 psychometric criteria including: a description of the normative sample, an adequate size of sample, an item analysis, measures of central tendency and variability, concurrent validity, predictive validity, test-retest reliability, interexaminer reliability, thorough description of test administration procedures, and specific qualifications of the examiner listed in the manual. The CIP (Comprehensive Identification Process), DIAL-R

(Developmental Indicators for the Assessment of Learning), the DDST-R (Denver Developmental Screening Test-Revised), and the MAP (Miller Assessment for Preschoolers) are each examined according to the psychometric criteria outlined by McCauley & Swisher (1984) through a review of the examination manuals. This writer further examined McCauley & Swisher apart from the Miller & Sprong article.

None of the tests mentioned in this journal article met all of the ten established evaluative criteria. However, the MAP (70%) and the DIAL-R (60%) met most of the criteria listed. These instruments, however, are not particularly noted for their brevity in administration, another important element of the preschool screening process (Meisels, 1984).

Miller and Sprong (1986) and Elkind (1987) stress the importance of a thorough review of the literature prior to screening instrument selection. They further emphasize that this should be accomplished in conjunction with examination of psychometric data presented in the examiner's manual, particularly concerning reliability and validity criteria.

Ireton, Shing-Lun & Kampen (1981), as well as Ullman and Kausch (1979) provide us with a review of the Minnesota Preschool Inventory (MPI), sometimes referred to in the literature as the Minnesota Child

Development Inventory (MCDI). The MPI (MCDI) elicits a systematic, standardized method for screening prekindergarten children based upon a parent report inventory format. The Developmental Scales of the MPI include: self-help, fine motor, expressive language, comprehension, memory, letter recognition and number comprehension. In the Adjustment area immaturity, hyperactivity, behavior problems and emotional problems are assessed through parent report (Ireton & Thwing, 1972). Ireton, Shing-Lun & Kampen's article suggests that this instrument used by itself is not a good predictor of kindergarten success, since the follow-up states that some students were missed and some were mis-labeled based upon the results. The MPI, however, used in accordance with a teacher's report or a second neutral party observation could be admissable, and more valid and reliable. Ullman & Kausch (1979) had compared the MCDI to the DDST and indicated that the MCDI would be a useful developmental screening instrument, which is more sensitive to the needs of the lower socioeconomic, preschool age children, or those who had been considered high risk for Head Start.

In 1979 Reinherz and Griffin presented a model for screening procedures in which preschool children were identified as being "at risk". These kindergarten eligible children were designated as being in need of

immediate intervention, further evaluation and/or remediation. A search was made for a comprehensive screening method or single tool. However, none was found at that time. They, therefore designed a screening battery which they felt reflected the needs of the school system and the community. It consisted of a registration and health information form, Preschool Screening System: A Test of Learning Efficiency (Hainsworth & Hainsworth, 1974), vision and hearing tests, and a parent questionnaire, developed by the author. The authors developed a procedure for monitoring all children that they have designated as at risk. Annual assessments of students identified as at risk, clinical observation, and further development of more accurate predictive tools became their long term goal, since the Preschool Screening System did not prove to be effective.

In the spring before kindergarten entry the children of Chesterfield County, Virginia, are given the McGraw-Hill Cooperative Preschool Inventory and the Draw-A-Person test (Galloway & George, 1986). After one month in kindergarten they are administered SRA's Primary Mental Abilities test, and assessed in fine motor and gross motor development. These tests results and teacher observations determine whether a student is to be placed in a developmental kindergarten model or

junior kindergarten, or the regular kindergarten program.

Lichtenstein and Ireton (1984) give us an overview of preschool screening. They present a discussion on such issues as parent involvement, the importance of training and selecting personnel and the methodology for selection and evaluation of screening instruments. Lichtenstein and Ireton review the DDST-R, the Minneapolis Preschool Screening Instrument (MPSI), the McCarthy Screening Test (MST) and the Early Screening Inventory (ESI) among others. Lichtenstein (1981) had previously examined the MPSI with regard to its reliability and validity data. He had found it to be a useful test for identifying children at risk for school problems. However, like most of the tests mentioned so far, it failed to identify all of the children at risk (Lichtenstein, 1981; Kuveke, 1985).

Yet, Lichtenstein and Ireton (1984) did appear to be satisfied with their evaluation of the ESI. The ESI reliability and validity studies suggest that the ESI predicts school performance with "moderate to excellent accuracy through the end of second grade" (Meisels, Wiske, and Tivnan, 1982 & 1984; Meisels, 1984). The ESI is easily learned, and brief, only 15-20 minutes in duration. The screening instrument contains a Parent Questionnaire and is available in Spanish and Korean.

The ESI is a developmental screening, rather than a measure of academic achievement or readiness.

These articles present an interpretation of instruments commonly utilized in the prekindergarten screening process. Only one of these tests, however, meets more than 70% of the criteria deemed acceptable for a prekindergarten screening instrument to be considered valid and reliable as per McCauley & Swisher (1984), and that is the Early Screening Inventory (1988) by Meisels and Wiske. It is important that the evaluator thoroughly review as much of the literature as possible and interpret these findings in light of the psychometric data contained within the examiner's manual. Brevity is seen, too, in the MPI. Yet, in itself the MPI is not a good predictor because of the possibility of parent partiality.

There are those who are critical of the trend toward early screening and intervention as a means to prevention and remediation of learning problems (Salzer, 1986; Shepard, L. S. & Smith, M. L., 1986; Thurlow, O'Sullivan, & Ysseldyke, 1986). Salzer (1986) feels that many schools are overtesting, and teaching at risk students isolated skills which are often unrelated to normal child growth and development. Salzer feels that "young children, who need a supportive environment in which to learn and develop,"

are given too much academic curriculum, too soon. Salzer sees schools and early childhood teachers, particularly kindergarten teachers, under much pressure to achieve high scores on standardized tests. Decisions related to young children's curriculum programming and placement have become more politically and economically based rather than grounded on how young children actually learn, Salzer says. This has resulted in changes to curriculum which do not reflect Developmentally Appropriate Practice, as outlined in the National Association for the Education of Young Children Position Statements on both Developmentally Appropriate Practice and Standardized Testing of Young Children, 3 Through 8 Years of Age (adapted November, 1987) as well as overtesting (Bredekamp, 1987; Salzer, 1986; Thurlow, O'Sullivan & Ysseldyke, 1986). Frequently, kindergarten and first grade programs do not attend to the child's cognitive, motor, language, social and emotional development. Rather teachers are teaching students at this level to pass tests with commercial textbooks, workbooks, and worksheets. This denies young children the opportunity to follow their curiosity, to express themselves creatively and to think critically (Salzer, 1986; Shepard & Smith, 1986). In addition negative attitudes towards the communication skills of listening, speaking, reading

and writing are fostered. Salzer feels that all children should be exposed to a "gifted" curriculum.

The idea of "kindergarten failure" is also a disturbing thought. Orlando (1981) defines one of the purposes of a multidisciplinary team screening "to predict failure", an idea generated by Keough (1973). To determine at age 4 or 5 whether a child will be a success or a failure in life is a rather upsetting notion for anyone to accept. Rather, the identification of a child as needing intervention for reaching her maximum potential is a more comforting proposition to greet an already anxious parent (Bredekamp, 1987; Elkind, 1987; Meisels, 1984, 1986 & 1987; Peck, McCaig, & Sapp, 1988).

The use of the terminology "kindergarten round-up" by Ireton, Shing-Lun and Kampen (1981) gives this writer the awesome picture of a school official herding potential kindergarteners into a corral for possible branding. Parents seem to take offense to this terminology also, and prefer the terms Kindergarten Registration or Kindergarten Sign-up which Meisels (1984) advocates.

Within this search the writer has examined journals, magazines, curriculum, reference books, videotapes, cassettes, screening instruments and their manuals, films and filmstrips containing information

about developmental appropriate screening and programming for the prekindergarten or kindergarten eligible child. In addition, the Prekindergarten Screening Team Survey (Appendix B), the statistics of the 1987 and 1988 prekindergarten screenings (Table I) the Action Plan (Appendix A) and personal interviews with administrators, school staff, and parents were most helpful in providing necessary information. This writer has reviewed these resources in terms of their relationship to early childhood education within a primary school setting.

# CHAPTER III

# ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

## Statement of General Goals

Proper identification and placement of at risk kindergarten eligible children is a major concern of all those who have been interviewed by this writer. Therefore, the first goal of this practicum was to identify children who would benefit from early intervention or from special services before beginning kindergarten. The second goal was to demonstrate the continued need for and value of an interdisciplinary team approach to the prekindergarten screening process. The third goal was to serve as a training function for prospective evaluators, kindergarten teachers and parents involved in the total prekindergarten screening process.

## Behavioral Expectations

An analysis of the Informal Survey revealed that the PKST was concerned about the use of unreliable, invalid and non-standardized instruments utilized in screening to identify at risk students in the school district. Other concerns were the amount of screening time and repetition of items among the disciplines. The literature suggests the use of screening

instruments which are brief, valid, reliable and available in other languages. With this in mind, the writer had chosen the first objective. All of the objectives reflected a need to continue the team approach to the screening process, corresponding to the second goal of the practicum. The second and third objectives specifically isolated the need for a trained screening committee who would implement and follow-up the screening program in order to enhance communication with parents as well as kindergarten teachers.

1. During a nine month period, a screening committee will choose a valid and reliable screening instrument(s) for identification of children who would benefit from early intervention or from special services before entering kindergarten, to be measured by the actual selection of the screening instrument.

2. During a nine month period, the interdisciplinary screening committee will receive training in the administration and interpretation of the chosen instrument and components of setting up a screening program, success to be demonstrated by a 75% or better positive response on a writer-developed training program evaluation form (Appendix C).

3. During a nine month period, the interdisciplinary screening committee will conduct follow-up to communicate with parents of kindergarten eligible children and kindergarten teachers in order to improve their knowledge of developmental appropriate behavior and to become facilitators in the child's growth and development as measured by attaining a 75% positive response for each activity on a writer-developed evaluation form (Appendix C).

## Mechanism for Recording Unexpected Events

In addition to the goals and objectives that were projected for this practicum, other events occurred which were not anticipated. These unexpected events were important to the overall outcome of the practicum experience. Therefore, it was necessary to build in a mechanism for recording and documenting them. The writer kept a journal to record these events. The journal entries summarized weekly successes and failures, as well as PKSC, teacher parent or administrative concerns regarding the proceedings. The journal entries were reviewed each week in an effort to ensure that all activities progressed satisfactorily.

## Evaluation Instruments

The writer measured the attainment of the first objective through the actual selection and acquisition of a valid and reliable screening instrument. A limitation of no more than 20 screening instruments was imposed in order to expedite the process. The Meisels' Screening Instrument Evaluation (1984) was utilized by individual committee members to evaluate each screening device. Individual committee members reviewed a minimum of two screening instruments, and then

presented a copy of their evaluation of that test with a brief oral presentation before the whole committee. The Prekindergarten Screening Committee (PKSC) then voted on the three which met the pre-determined evaluative criteria, and finally selected the one screening instrument to be utilized.

An interdisciplinary screening committee received training in the administration and interpretation of the chosen instrument and the components of setting up a screening program. The writer presented a writer-developed TRAINING PROGRAM EVALUATION form (Appendix C) for the purpose of evaluating this objective. A positive response was defined as an overall rating of "good" (3) to "excellent" (5) for each activity. Ten minutes were allotted at the end of each training activity so that those in attendance had an opportunity to evaluate the program.

The third objective was measured by the writer-developed TRAINING PROGRAM EVALUATION form (Appendix C). This form was presented during the last ten minutes of each parent or teacher communication activity.

## Analysis of Data

Each of the objectives were evaluated individually to determine if the specific behavior that was expected had been achieved. Judgment about whether or not the actual objectives two and three had been achieved depended upon whether the percentage in the original objectives' statements had been attained. Responses were compared as in the initial Informal Survey by percentages per item, and percentages in total response, particularly in relation to the training activities for objectives two and three. Data for objective two are presented in the appendices as INITIAL TRAINING EVALUATION RESULTS (Appendix E). The data for objective three is presented in the appendices as FOLLOW-UP TRAINING EVALUATION RESULTS (Appendix F).

In analyzing the results of objective one, the completed Meisels' Screening Instrument Evaluation form (Appendix D) for the chosen screening instrument is displayed in the appendices (with the author's permission: Appendix G). The evaluation documents the validity and reliability of the chosen screening instrument, as well other characteristics of the developmental screening designated as being important to the evalution process. In addition, Table 2

provides a comprehensive breakdown of the 1989 PreKindergarten Screening Results which can be compared with the results of the 1989 and 1988 screening which are found in Table 1 (p. 15).

# CHAPTER IV

# SOLUTION STRATEGY

## Discussion and Evaluation of Solutions

Meisels (1984, 1986 & 1987) talks about many elements of a good early childhood screening program. He lists activities and decision making processes that should be instituted within the confines of the program. He advocates follow-up parent, teacher and administrative training workshops or seminars, parent and teacher discussion groups, dissemination of printed materials before, during and after kindergarten orientation. Parent involvement is an essential component of the Meisels screening program. Meisels also speaks of the importance of location and timing for screening to take place, as well as the overall costs of the program. Upon completion of the screening program Meisels feels that it is essential to evaluate the overall effectiveness of the program, if possible a cost-benefit analysis should be conducted. The Perry Preschool Program's cost-benefit analysis is a prime example of why an early expenditure can be highly beneficial later (ASCD Early Childhood Education Policy Panel in Warger, 1988).

The Ohio County schools located in Wheeling, West Virginia are now identifying high-risk

kindergarten children and enrolling them in an all-day kindergarten program (Jones, 1988). This pilot study showed that the additional instructional time can help these children overcome patterns of failure.

Keough (1973) and Orlando (1981) have recommended a number of ways to improve the early childhood screening process. Both feel that it is important to include a classroom teacher in the screening process. Only about one-half of the children in this school district attend any form of preschool program, and the programs that they attend span across two counties. During the 1988 prekindergarten screening several parents identified their children on the questionnaire as having attended a preschool program. At least 12 different preschool programs were cited. Therefore, it would be more realistic to include the receiving kindergarten teachers in the screening process in this school district.

Orlando (1981), as well as Lerner, Mardell-Czudfnowski and Goldenberg (1987) state that after the identification process, written program goals can be developed by a multidisciplinary team for those identified and intervention programs begun and monitored. They further emphasize the importance of observing the child's performance in the natural learning environment as a part of any evaluation

process. Other authors have recorded the same concerns about professionals observing the behavior of young children who may have special problems (Almy, 1972; Cohen, Stern, & Balaban, 1983; Halle & Sindelar, 1982). Orlando (1981) stresses that in order for this type of screening program to work and to be effective, all team members must cooperate and respect one anothers opinions and decisions.

The ASCD Early Childhood Education Policy Panel (Warger, 1988) believes that we should all exercise caution in interpretation of the results of any screening to parents or to other educators. Meisels (1984, 1986, & 1987) would also agree with this statement, as does Elkind (1987). The ASCD Panel feels that the early screening process should include parents, professionals and teachers in an inservice training. The screening process according to the ASCD Panel should address the child's needs in consulation with the parent and the teacher in a joint "partnership".

## Description of Selected Solutions

In the Informal Survey the Prekindergarten Screening Team (PKST) voiced a need to thoroughly examine a select number of developmental screening instruments to determine the most valid, the most reliable, and the most appropriate device for use in this specific school district. The members of the PKST wished to remain essentially the same. They indicated that the instrument should continue to be administered individually. The PKST members hoped that the screening process would be briefer, and not take any longer than 15 to 20 minutes to complete. Screening follow-up was considered a necessity.

This writer was prepared to establish some funding sources for the practicum through the school district, itself, as well as through grants made available to the school district by the state. These grants would provide monies to the school district for the development or maintenance of early identification and intervention programs. This writer would request district funding, as well as application for these grants in writing through the Director of Special Services. District funding and grant applications had to be approved by the local Board of Education through the Director of Special Services. Upon approval by the

local Board of Education the applications would be submitted by April 15, 1988, to the County Office of Education.

In order to provide leadership, organization and focus for the Prekindergarten Screening Program, the Director of Special Services or his designee would be named as coordinator of the prekindergarten screening process. The writer would assist in planning and implementing of the entire screening program under the leadership and organization of the coordinator. The writer would facilitate the formation of a Prekindergarten Screening Committee (PKSC).

The purposes, goals, and objectives of the screening process, including the schedules of orientation sessions needed to be clearly specified to those who would be indirectly connected or affected by the process. The local Board of Education and the School Superintendent needed to be informed through the Director of Special Services. The Primary School Principal, the Primary School Guidance Counselor, the kindergarten teachers and the parents of kindergarten eligible children needed to be informed through both written and oral communication at School Board Meetings, Primary School Staff Meetings and Parent-Teacher Association Meetings (PTA). This was

necessary to keep the lines of communication open and to provide for an efficiently run screening program.

The writer would facilitate the selection of the screening instrument(s) and procedures to be used in coordination with the Prekindergarten Screening Committee (PKSC). The PKSC would select the criteria to be used in evaluating the screening instruments to be reviewed. The writer would collect a minimum of 10 screening instruments for the committee to begin reviewing. As previously stated, the Meisels' Screening Instrument Evaluation form would be utilized by individual committee to evaluate each screening device. A limitation of no more than 20 screening instruments would be imposed in order to expedite the process. Individual committee members would review a test, and then present a copy of their evaluation with a brief oral presentation before the PKSC. The PKSC would then vote on the three which met the pre-determined evaluative criteria and would select the one screening instrument to be utilized.

The writer would act as a facilitator in order to appropriate locations, including building and rooms. Days and dates for "Kindergarten Round-up" and Orientation had already been tentatively approved by the school board. Times and dates for screening would be determined by the Director of Special Services or

his designee in coordination with the School Principal and the custodial staff. This would provide further organization and structure for the screening process.

The writer would facilitate the training of the screening personnel in the chosen instrument. This would be accomplished through inservice training by watching an experienced examiner, video-tape, studying the screening manual, and/or practicing the administration, under supervision, with several volunteer children, so that professionals would become familiar with the instrument prior to its actual use.

The writer would act as a facilitator in the training of the Kindergarten teachers, guidance counselor and Primary School Principal about screening and follow-up. This had been requested by all personnel involved in the screening process and was necessary for the overall success of the screening program.

The writer would facilitate the implementation of the registration process with the assistance of the PTA, the Primary School Administration and the Kindergarten teachers. The PKSC would request information from parents through a Parent Questionnaire given to parents at registration. Parents would

sign-up for pre-selected screening dates and times which would be convenient to them. They would be asked to bring to the screening a copy of their child's immunization record and the completed Parent Questionnaire with them to the screening.

The writer would facilitate implementation of the screening program and would monitor all PKSC program components. The PKSC would then reconvene to review and to interpret the screening results to insure a smooth transition and organization of screening process.

The PKSC would develop a letter format of communication with parents regarding results of the screening and any recommendations for follow-up. The parents, teachers and the PKST had not been satisfied with the present format.

The PKSC would provide information for parents to improve their knowledge of developmental appropriate behavior and to show them how to be facilitators in their child's growth and development. This would be accomplished through parent newsletters, hand-outs, radio PSA's, video-tapes, cassettes and oral information provided before, during and following the Kindergarten Orientation.

The PKSC would develop an organized method of communication with the Primary School administration

and Kindergarten teachers regarding results of the screening and any recommendations for follow-up. The PKSC would facilitate communication and expedite interventions for the children involved.

The PKSC would facilitate referral of all identified "at risk" children for further observation through the summer Prekindergarten Program, the School Resource Committee (SRC) or directly to the Child Study Team (CST) for a comprehensive assessment. It is required by State and Federal Law to refer children who are identified as being "at risk" for special education or related services. Also, a systematic observation in a summer Prekindergarten Program would provide more assessment information, so that a better discrimination can be made between and among developmentally delays, experiencial disadvantage, and "at risk" for special education children.

Scheweinhart and Weikart (1986) state:

> If an early childhood program is to promote healthy child development, research and experience show that it must be conducted to high standards of quality by competent child development professionals who establish an environment that supports active learning by the child. To achieve this goal, a program should have child development curriculum proper staffing, and adequate attention to child and family needs.

Therefore, the summer prekindergarten program will reflect these essential components. Merrow (June,

1988) points out that as parents and educators we should not so much be concerned as to when to start school, rather our concern should be with what is developmentally appropriate for a learning environment. He advocates that parents and educators should be fighting for "our children's rights to explore and play and learn at their own pace, because too many policy-makers and pseudo-educators are narrow-minded and cheap; they don't want to spend 'hardearned tax dollars' on something as inconsequential and frivolous as play" (p. 92).

The writer would facilitate a comprehensive evaluation of the effectiveness of the screening program through a form developed by the writer based upon the individual components of the screening program (Appendix H). This evaluation would be a necessary component of any program to assess the short or long term value of the program and to determine if goals and objectives have been met.

## Report of Action Taken

The projected time line for this practicum was January 2, 1989, through October 2, 1989, nine months. Due to the unusually large number of students who

registered between September 1 until October 31 (32), the time line was extended to November 3, 1989. The identification of the Prekindergarten Screening Coordinator, the formation of the the PKSC, grant writing and establishment of other funding sources and the review of the prospective screening instruments took place in January, 1989.

On January 1, 1989, the writer sent a cover letter to the James Jan-Tausch Research Committee, a division of the New Jersey Association for Learning Consultants, with a grant proposal requesting consideration from the Committee for the James Jan-Tausch Award. This award is a yearly grant of $1000 which can be applied for by an active member of the NJALC who is conducting applied research in an area of education which would be a practical guide to other Learning Consultants who would choose to replicate it in their school districts (Appendix I).

A letter was also addressed to the Governor's Teacher Grants Program at the New Jersey Department of Education on January 2, 1989 (Appendix J). This funding source provides grant money for innovative projects in the field of education through the Governor's Teacher Grant or the "Adoption" grant program. An "Adoption" grant involves replicating a

previously funded project filed with the New Jersey Department of Education. An additional proposal was made for Chapter 2 Funds from the State Department of Education during the month.

On January 3, 1989, the Director of Special Services officially identifled this writer as the Prekindergarten Screening Coordinator for the duration of the practicum. An invitation letter was extended to all members of the Child Study Team including the School Nurse, Speech/Language Specialists, School Psychologists, School Social Workers, and Learning Consultants to join the PreKindergarten Screening Committee (PKSC). The three Kindergarten Teachers, the Primary Physical Education Teacher, Primary Guidance Counselor, Primary School Principal, and Director of Special Services were also invited to attend (Appendix K). The purpose of the meeting and its activities were clearly defined in the letter.

A separate announcement was also sent to prospective PKSC members to urge their attendance at a meeting on "Assessment Techniques" given by Ysseldyke on January 10, 1989. Most of the PKSC attended this meeting in central New Jersey.

Eight persons attended the first meeting of the PKSC. Four of those in attendance were teachers, including three kindergarten teachers. The new

Coordinator immediately explained the twofold purpose of the organization meeting: 1) to delineate the established criteria for selecting the new screening instrument to be utilized in the April PreKindergarten Screening, and 2) to begin reviewing and evaluating the appropriate screening instruments according to the established criteria. She then defined "Screening" according to Mercer, Algozzine and Trifiletti (1979).

The teachers appeared to have come to the first PKSC meeting with a different agenda. They were very concerned about the previous screenings and the fact that communication between the screening team and the kindergarten teachers had been poor. The teachers wanted readiness testing done and thought that this had been done in the past. The teachers' and other Primary school personnel had been recently trained through extensive Gesell workshops in the administration of the Readiness Test at School District expense and felt that the introduction of another test was a waste of time and the taxpayer's money.

The Coordinator and the other members of the PKSC attempted to clarify the difference between a screening for at risk students and readiness testing. The Coordinator then led a discussion of the pros and cons of screening and readiness testing. The PKSC specified general purposes and objectives of the screening

program for the benefit of the teachers present. The meeting concluded after one hour. The teachers vented most of their concerns about the screening process. Although the PKSC never addressed the actual agenda for the day many issues about developmental early childhood screening were discussed.

The final selection of the screening instrument(s) by the PKSC, the training of PKSC personnel, and PKSC specification of purposes and objectives of the screening program to designated personnel in the District were to take place in February, 1989. In addition an arrangement for appropriate locations and timing for screening by the PKSC through the Director of Special Services, enlisting the help of the PTA, the Primary School administration, and the custodial staff for registration and orientation purposes by the PKSC, were intended to take place in February.

There were three extended meetings held in February. Eleven persons attended the first two meetings. The first meeting in February set out to accomplish the agenda of the redirected January meeting. The PKSC unanimously agreed to adopt the Meisels' general criteria and the decision matrix for evaluating a developmental screening instrument. A list of twenty-four screening instruments was devised from the knowledge of those present at the meeting

(Appendix L). Four of the screening instruments were immediately eliminated. The remaining twenty screening instruments were divided among ten PKSC members, each taking two instruments to review. The Coordinator agreed to bring as many of the screening instruments as possible to the conference room for members of the PKSC to review during the month of February. Some screening instruments would be borrowed from the Educational Information and Resource Center (EIRC) on a weekly basis or members could visit the EIRC themselves to review an instrument.

During the next February meeting each member was given a completed decision matrix for twenty different developmental screening instruments. Each member gave a brief oral description of the two screening instruments which he or she had reviewed. A vote was taken narrowing the list to five screening instruments: the McCarthy Screening Test (MST), the Denver Developmental Screening Test-Revised (DDST-R), the Minneapolis Preschool Screening Instrument (MPST or MCDI), the Early Screening Inventory (ESI), and the Comprehensive Identification Process (CIP). Each member was given one week to review the decision matrix for each of these screening instruments and to examine the test itself.

At the last meeting in February the list of screening tests was narrowed to three: the McCarthy Screening Test, the Early Screening Inventory and the Denver Developmental Screening Test-Revised. The final selection of the nine PKSC members in attendance was unanimous: the Early Screening Inventory (ESI) by Meisels and Wiske (Teachers College Press). The Coordinator agreed to make the appropriate contacts in order to obtain the training video-tape for the ESI and to order the screening instrument.

The ESI is a valid, reliable developmental screening instrument. The instrument can be administered individually within a 15-20 minute time period. The ESI is available in English, Spanish and Korean.

A telephone call was made by the Coordinator to the Michigan Film Library in order to obtain the training video for the ESI with a follow-up letter to the film librarian. An order was submitted by a PKSC member for seven ESI kits to Teachers College Press.

A video arrived on March 3, 1989, however, the Film Library sent the wrong item. Again the coordinator phoned the Film Library to obtain the training video.

On March 1 and 2 the Coordinator and two members of the PKSC met with the Director of Special Services

and the Principal individually to discuss the specific objectives and purposes of the ESI and the proposed screening program. The Director of Special Services, the Primary School Principal and the Superintendent of Schools had received the screening proposal in December and had approved the practicum for implementation.

The teachers from the Primary School had not returned to the PKSC after the first meeting and had requested removal from the Committee, since they were not in agreement with the proposed screening process. This issue was also discussed with the two administrators who were very supportive of the proposed program and the components. They suggested that the PKSC continue to invite the teachers and to keep the teachers and administrators apprised of committee happenings.

Preliminary arrangements were made for auxiliary personnel, locations, dates and timing for the screening process with the administrators at this time. Due to the ongoing building program in the Primary School, locations were subject to change and needed to be consistently re-examined over the next two months with the administration. The initial screening dates were established for April 12, 13 and 14, 1989, with the administration and forwarded to the School Board for their approval. Rescreens and new registrations

would be scheduled for June 14 and 15, 1989, as necessary.

The Director of Special Services and the Primary School Principal officially enlisted the services of the PTA for registration with a follow-up letter from the PKSC to the PTA President thanking them for their continued annual assistance and requesting their assistance once again for this year's screening. The Primary School Principal indicated that she would arrange for the custodian's services. She requested a list of the PKSC's custodial needs one week prior to the screening.

The Director of Special Services and the Primary School Principal would attend the Kindergarten Orientation on May 18, 1989, and present a screening orientation to the parents on behalf of the PKSC. A brief, concrete description of the ESI and screening process would be developed by the PKSC for distribution to the parents at the Kindergarten Orientation along with an evaluation form for the parents to evaluate the PreKindergarten Screening process, as well as the Orientation.

The PKSC met during the first week in March to finalize dates and times for the April screening. They also looked at possible room set-ups and materials needed to supplement the screening process. A list of

custodial needs was presented to the Coordinator who formulated a letter of request to the Primary Principal and the Director of Special Services.

Implementation of the screening program including registration and distribution of the parent questionnaire took place on March 9 and 14, 1989, as previously approved by the Board of Education. For one week prior to registration parent newsletters were sent home with children reminding parents of the upcoming registration, screening and orientation of September kindergarten students. Local radio PSA's and local newspaper articles also announced the upcoming kindergarten events.

Parents completed the registration process with the help of the PTA volunteers. Parents brought copies of their child's birth certificate, immunization records and a signed statement from a family doctor of good physical health. PTA volunteers briefly explained the purpose of the ESI Parent Questionnaire which was accompanied by a cover letter explaining the purpose of the screening process (Appendix M) from the Director of Special Services. At this time parents signed-up for a date and time for their child's screening, listed at one-half hour intervals beginning at 9:00 A.M. and ending at 12:00 P.M. on April 12, 13 and 14.

An effort was made to accomodate special appointments for parents who could not make it during this time period. The PTA volunteer would then write this date and time in the space provided on the screening cover letter for the parent to take with them. The PTA volunteers were also asked to distribute other PKSC information with the registration materials for interested parents. These materials included two position statement brochures published by the National Association for the Education of Young Children, Appropriate Education in the Primary Grades (1988) and Testing of Young Children: Concerns and Cautions (1988). The Coordinator was available during both registration dates to answer questions posed by parents or volunteers concerning the screening process.

Another PKSC meeting was held during the fourth week in March to review the screening registration list and to assign the appropriate number of screeners. A map was drawn for parents and children to move smoothly through the screening process. A Check Point Sheet (Appendix N) was developed by the PKSC for the four specified Station areas, Station A: Nurse (Eyes and Ears); Station B: School Social Worker(s)/Psychologist(s) (To review completed Parent Questionnaire); Station C: Learning Consultants/Language Specialists (To administer the

ESI); Station D: Speech/Language Specialist (Tympanometry/Speech). A list was developed of screeners for each date and time. A Parent's Lounge was established which would provide refreshments, parent literature, as well as toys and books to occupy younger children.

The training video arrived in March two days before Easter break. Again the Michigan Film Library sent the wrong item. This time an industrial video was mailed rather than the VHS cassette video-tape that had been requested. A telephone to the Film Library revealed that the VHS was not available at the present time, and may not be available until after the initial screening dates. Since the School District did not have the equipment to show the industrial video, the Coordinator made inquiries to local community colleges and businesses. The closest available equipment to show the video was 55 miles away. Since the video had to be returned within three days of receipt to the Michigan Film Library the Coordinator made arrangements to visit a college media library the following afternoon to view the video. Only the Coordinator was able to view the ESI training video at this time. The Coordinator has since made Meisels, one of the two screening instrument's authors, aware of this problem.

A special extended meeting was called by the Coordinator during the first week in April to inservice the PKSC in the administration of the ESI. The screening instruments had arrived just two days before the meeting. The Coordinator took the members of the PKSC through each section of the screening test utilizing the manual. Members of the PKSC were asked to take a screening kit home with them and to practice with at least three children prior to the actual testing during the next week. It was also necessary to re-draw the screening map for parents since the location of the screening stations needed to be changed due to the Primary School building program.

Screening took place as planned on April 12, 13 and 14, 1989, as approved by the School Board. Again local radio PSA's and local newspaper PSA's announced the upcoming screening process. One of the Child Study Team secretaries sat at an Information table at the entrance of the Primary school checking-in parents and children as they arrived. Each parent/guardian was given a Check-Point Sheet (Appendix N) and a map by the CST secretary. The station procedure was clearly and briefly explained to each parent. The CST secretary also provided parent literature to each arriving parent. A prepared PKSC article entitled, "As your child starts school...", was given to each parent,

along with information on the Primary School Kindergarten Curriculum and developmental skills/activities which parents can do with their children in preparation for Kindergarten. These skills were specifically in the areas of gross and fine motor, language, self-help, and pre-academic/concept development. Parents with younger children were encouraged to take them to the Parent Lounge to prevent distractions, particularly during the ESI part of the screening.

The PKSC met to review the results of the screening and to make recommendations on April 21, 1989. The Kindergarten teachers requested that their Inservice training in the screening components take place in late August or early September. They would be interested in specific information on at-risk children during the first week of school. Communication with parents regarding results of screening and follow-up recommentations will took place in late April and early May, 1989.

Kindergarten Orientation occurred on May 18, 1989, as previously approved by the School Board. The PKSC coordinated the fifteen minute presentation given by the Director of Special Services. A one-page handout (Appendix O) further delineated the purposes and objectives of the screening and explained the possible

outcomes. Parents were asked to evaluate the screening process and the Orientation (Appenidix C).

Letters were sent to all parents indicating the results of screening and interpreting those results. A letter stated that the child was developing within normal limits (Appendix Q), that the child's development might be slower in some areas and/or require rescreening (Appendix R), or that the child was recommended for referral for a more comprehensive evaluation (Appendix S). Letters to parents falling into the latter two categories and those requesting early admission were more personalized and specific. Recommendations were included in these letters.

Rescreening of those identified as "Rescreen" in the original screening process occurred on June 14, 1989. New students who had registered since the April, 1989, screening were also screened at that time. Data for all of the 1989 screenings are found in Table 2 within the Results section of Chapter V.

In June, 1989, the Coordinator received the first of two installments of the James Jan-Tausch Award, totalling $800. This grant would cover the costs of the screening instruments, the video-training tape, inservicing materials, and miscellaneous expenses of the screening process.

During July and August, 1989, a 4 to 6 week Pre-Kindergarten Summer Program for systematic observation of "at risk" students recommended by the PKSC was scheduled as a major part of this practicum experience. However, financial assistance was not forthcoming from the School Board as had been outlined and budgetted in the Three-Year Plan for Special Education (Appendix A). Monies received from the James Jan-Tausch Award received by this Coordinator in June did not suffice to cover the costs of such a program. Also, the small number of children who were identified by the initial screening did not justify the hiring of a teacher and part-time speech/language specialist for a summer program.

Therefore, the PKSC agreed to observe all children who were identified as "Rescreen" or "Refer" during the summer in their summer preschool program, if the child was currently enrolled in one. Or, the PKSC would wait until September in order to observe these children in the Kindergarten setting before initiating a referral to either the SRC for intervention for a child who repeats in the "Rescreen" category, or a referral to the CST for a comprehensive evaluation.

Communication with the kindergarten teachers and the Primary School Principal regarding the results of the initial screening occurred in August and September,

1989, along with the recommendations for follow-up at their request.

Individual Kindergarten teachers met with the Coordinator and individual members of the committee on their own time in August in order to review their class lists and children screened through August 22, 1989. Summary sheets (Appendix P) were prepared for each child screened indicating strengths and weaknesses, as well as information which the PKSC deemed appropriate for the teacher or specialist working with the child to know. These summary sheets and the actual screening instruments, including the ESI and ESI-Parent Questionnaire, were included in the child's cumulative file along with the summary sheet for the teacher to review. This is the first time in the history of the screening process where the classroom teacher has had access to the actual screening instrument and related material. In the past these have been housed in the CST offices and eventually thrown away. In the Primary School the cumulative files are housed in the child's individual classroom for easy access by the classroom teacher.

The Coordinator and a few PKSC members also met with the Primary School Principal and Guidance Counselor in August to provide optimum placement for children with mild to moderate medical, physical,

speech and language, motor, or social-emotional problems who may have scored "OK" on the ESI, but who will require related services from Primary School personnel. Individual Kindergarten teachers were also consulted during this process.

A VHS video-tape on "Developmental Appropriate Practice" (NAEYC, 1988) was made available to classroom teachers and parents upon request, and will be placed in the new library at the Primary School upon its completion in September, 1990. The Audio Cassette Series (Complete 5 Tape Set) on Early Childhood Education in Public Schools (ASCD, 1988) reviewed by many teachers will also be made available in the new school library.

Sixteen students who registered for kindergarten since June 14, 1989, were screened on August 22, 1989, utilizing the ESI only. Five additional students who registered between August 22, 1989, and September 1, 1989, were screened by the Coordinator and the School Psychologist utilizing the ESI only. Speech/Language personnel and the school nurse work on a ten-month contract and were not available until September 5, 1989. These children were screened by these specialists within ten days after school had started.

Most of those who registered from September 5 through November 3, 1989 (32) were screened by the

Coordinator and the Primary School Psychologist within ten days of their individual registration and results and recommendations were forwarded to their individual classroom teachers and related specialists within ten days following screening. Only ten of the Kindergarten children remained incomplete in the screening process as of November 3, 1989, generally due to unavailability of PKSC personnel due to schedule conflicts, or unavailability of the child due to attendance problems.

Evaluation of the effectiveness of the total prekindergarten screening was initiated November 3, 1989. Evaluation forms were due in the Coordinator's Office by November 15, 1989.

# CHAPTER V

# RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

## Results

The writer measured the attainment of the first objective through the actual selection and acquisition of a valid and reliable screening instrument, the Early Screening Inventory (ESI) by Meisels & Wiske (1983) through Teachers College Press (Appendix H). The specific objective, "During a nine month period, a screening committee will choose a valid and reliable screening instrument(s) for identification of children who would benefit from early intervention or from special services before entering kindergarten, to be measured by the actual selection of the screening instrument.," was met completing the five major activities presented.

The writer was identified as the Screening Coordinator. The PreKindergarten Screening Committee (PKSC) was formed. Criteria was established to select the screening instrument during the second meeting of the PKSC: the Meisels' general criteria (p. 30-31) and the decision matrix for evaluating a developmental screening instrument were selected. The PKSC brainstormed 24 screening instruments during their second meeting (Appendix L). The PKSC agreed to

immediately eliminate four of the instruments after some discussion because they were known by most committee members to be inappropriate to the purpose and criteria for the screening. The remaining twenty screening instruments were divided among ten PKSC members, each taking two instruments to review.

The Coordinator made available to members of the PKSC various screening instruments. These were left on display in the conference room where the PKSC meetings were held. Other members of the PKSC visited the local Educational Information and Resource Center (EIRC) to borrow and review other screening instruments.

During the next PKSC meeting each member was given a completed decision matrix for the twenty different developmental screening instruments. Each PKSC member gave a brief oral description of the two screening instruments which he or she had reviewed. A vote was taken narrowing the list to five screening instruments. Each member was given one week to review the decision matrix for each of these screening instruments and to examine the test itself.

The list was then reduced to three instruments: The McCarthy Screening Test (MST), the Early Screening Inventory (ESI) and the Denver Developmental Screening Test-Revised (DDST-R). The final selection of the ESI by the PKSC was unanimous (Appendix D).

The PKSC received training in the administration and interpretation of the chosen instrument and components of setting up a screening program. The second objective, "During a nine month period, the interdisciplinary screening committee will receive training in the administration and interpretation of the chosen instrument and components of setting up a screening program, success to be demonstrated by a 75% or better positive response on a writer-developed training program evaluation form," was met with a better than 92% positive response on the evaluation form (Appendix E).

Since the film library sent an industrial video rather than a VHS training video as requested, it was necessary for the Coordinator to make arrangements to view the video at a college media library. Only the Coordinator was able to view the ESI training video. The upcoming holiday and previous committments prevented other members of the committee from attending the viewing. The PKSC were inserviced by the coordinator in the administration of the ESI during the week prior to the screening.

Five of the PKSC members in addition to the Coordinator volunteered to administer the ESI screening instrument, while five of the PKSC members volunteered to sit down with parents to review the completed Parent

Questionnaire. The School Nurse would continue to check ears and eyes through the telebinocular unit and the audiometer, respectively. One of the Speech/Language Specialists would screen speech and tympanograms. Eleven persons were inserviced in the components of setting up a screening program by the Coordinator.

The Coordinator took five members of the PKSC through each section of the screening test utilizing the manual and demonstration with the actual instrument. This group included the three district-wide Speech/Language Specialists and two of the Learning Consultants. Each PKSC member had their own ESI Kit during inservicing. Following the inservice the members of the PKSC were asked to take their screening kit home with them and to practice with at least three children prior to the actual testing during the next week. All members complied with this request.

In July one of the Learning Consultants had retired from the school district, so the Coordinator inserviced the new Learning Consultant and the Primary School Psychologist, returning from a two year child rearing leave, in the administration of the ESI. They were given the opportunity to practice the ESI for several weeks prior to actual administration.

The two School Social Workers and the three Psychologists volunteered to review the completed Parent Questionnaire with each parent. When a parent came to the screening without a completed questionnaire, they would assist the parent in completion of one. These volunteers noted areas of concern for the follow-up meeting.

In June one of the School Psychologists left the district after substituting for the Psychologist on child rearing leave for two years. On September 1 one of the Social Workers who replaced a Social Worker on sabbatical leave for her doctoral program, became a part-time employee. The returning full-time Social Worker and School Psychologist were inserviced in the use of the Parent Questionnaire.

A positive response on the TRAINING PROGRAM EVALUATION form (Appendix C) had been defined as an overall rating of "good" (3) to "excellent" (5) for each inservice activity. Ten minutes were allotted at the end of each training activity so that those in attendance would have an opportunity to evaluate the program. The results of this initial training for objective two are presented in the appendices as INITIAL TRAINING EVALUATION RESULTS (Appendix E).

Ten of eleven different persons (90%) evaluated the inservice on the components of setting up a

screening program from good to excellent. Eight different persons (100%) evaluated the inservicing for the screening instrument over the ten month period as good to excellent. Seven of eight different persons (87%) evaluated the inservicing for the ESI: Parent Questionnaire over the ten month period from very good to excellent.

The "fair" rating on the screening program components and the Parent Questionnaire was given by the same evaluator. This particular evaluator was not present for the two inservices which were originally given, due to other committments, and forgot to attend the individual inservice re-scheduled at her convenience by the Coordinator. When she came on the day of the kindergarten screening to assist with the Parent Questionnaire, the Coordinator had only five minutes to spend with her to explain her role in the screening process.

The third objective, "During a nine month period, the interdisciplinary screening committee will conduct follow-up to communicate with parents of kindergarten eligible children and kindergarten teachers in order to improve their knowledge of developmental appropriate behavior and to become facilitators in the child's growth and development as measured by attaining a 75% positive response for each activity on a

writer-developed evaluation form," was met with a 94% total positive response for the follow-up process.

PKSC members, including the Coordinator and the School Nurse, met to score and interpret individual results and to complete summaries of their results following each screening (Appendix P). The copies of the screening instruments and the summaries were presented to the kindergarten teachers for placement in the children's cumulative folders. Recommendations were made to parents in a letter mailed for each child (Appendices Q, R and S). Follow-up telephone calls were made to parents by various members of the PKSC committee for those students identified as "Rescreen" or "Refer". Meetings were also held by some members of the PKSC with parents and teachers of children identified as "Refer".

Inservice training in the screening components for kindergarten teachers, the primary guidance counselor and the primary school administrator was performed on an individual basis at first, and then again in one of their Primary School Kindergarten Committee meetings. Recommendations were also made to administrators, the primary guidance counselor, kindergarten teachers, physical education teacher, the primary school nurse, the primary speech/language specialist, primary school psychologist, primary social worker, and primary

learning consultant, concerning students who were found to be "high risk" overall, or who were found to be "high risk" in individual screening areas. Students were also identified as those in need of rescreening and dates were set for this procedure.

During the PreKindergarten Screening, Kindergarten Orientation and throughout the summer months, a handout (Appendix O) and a brief oral presentation was made available to parents, teachers, guidance counselor and administrators describing the screening process. These persons were given the opportunity to evaluate these components (Appendix F).

Parents and teachers were also given the opportunity to review videos and cassette tapes addressing developmentally appropriate practice and child growth and development. Brochures, pamphlets and other early childhood research and literature was made available to parents in registration packets, screening information and at Kindergarten Orienation. Parents and teachers were given an opportunity to evaluate this information (Appendix F).

Teachers were very satisfied with the results of the PreKindergarten Screening process. They were quite pleased with having the screening instruments and summaries available in the cumulative files. The

teachers liked the speed of follow-up and consultation on "Rescreens" and "Refers".

Parents were generally happy with the information that they had received, but most parents wanted more information on what is developmentally appropriate for 4- and 5-year olds about to start kindergarten. Parents are interested in knowing more about what to expect from the kindergarten curriculum. They would like to see more videos and films on developmentally appropriate behavior and curriculum in early childhood, specifically ages three through nine.

Many parents are very concerned about the "academic orientation" of today's kindergarten programs. They would like Kindergartens returned to the "play and discovery" method. They feel that their children are forced to grow-up too fast and are tested too much. Many parents feel that tests in kindergarten and first grade do no show much, and they would like to see them discontinued. Some parents feel that the school puts too much pressure on their children to meet the school and the test expectations.

Most parents who responded were opposed to homogeneous grouping in the early grades. They feel that their children are being labeled for many special programs (Chapter I, Basic Skills, Special Education, classroom homogenous grouping) too early in life and

not given a chance to prove themselves and to develop at their own rate with peers of their own age group. Many parents were outspoken about retention. A few (apparently educators) were quite knowledgeable of literature that warns of the negative social and emotional implications of retention in the early grades. Minority parents indicated that the school curriculum prejudices their children from the start when academics are considered more important than developing social skills and basic concepts. Some parents feel that the school district should provide a preschool and a developmental kindergarten for those students who are maturing at a slower rate.

A total of twenty persons involved directly or indirectly in the PreKindergarten Screening process, excluding the Coordinator, were asked to evaluate the entire ten month practicum experience. Fifteen persons (75%) responded by November 15. In evaluating the effectiveness of the PreKindergarten Screening program 93.5% (14) regarded the program as good to excellent, while only 6.5% (1) said that it was fair (Table 2).

Those who evaluated the process liked the fact that children's problems were identified early, so that programs could be implemented to address their educational needs. Many commented that parents and children are given a chance to visit the school before

Table 2

Prekindergarten Screening Evaluation

1989

20 Evaluation Forms/15 Returned Completed--75% Response

| Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|
| 10 | 2 | 2 | 1 | 0 |
| *(66.5%) | (13.5%) | (13.5%) | (6.5%) | (0 %) |

*In evaluating the effectiveness of the PreKindergarten Screening program 93.5% (14) regarded the program as good to excellent, while only 6.5% (1) said that it was fair.

they start and to meet school personnel. Most evaluators liked the high degree of group cooperation, brainstorming and discussion that ensued at meetings about the PreKindergarten process. Members of the PKSC enjoyed learning the ESI, administering the test and interpreting the results. Most members of the PKSC were pleased with the Coordinator and her non-partial role as facilitator on the PKSC. One member expressed that she was "open to new suggestions, well-organized, knowledgeable and empathetic to PKSC members' needs."

A main area of concern included the initial lack of cooperation from the kindergarten teachers in the PreKindergarten process. Most feel that the kindergarten teachers should be involved and part of the PKSC. Some feel that the kindergarten teachers should be trained to administer and interpret the ESI. Although teachers were invited to follow-up meetings to discuss children with difficulties, they did not choose to attend in the spring. Kindergarten teachers were more positive in the late summer and early fall regarding the information received from the screening and did attend and contribute to conferences about children with difficulties.

One member of the PKSC was also concerned about parents waiting too long. This problem existed on one specific day in the kingergarten screening in April

where parents showed-up for the screening with children who were not registered. There was also a back-up at the Speech/Tympanogram Station because of a problem with the Tympanometry and the fact that there is only one instrument.

Most of those responding indicated that the physical space of the screening was not good. The stations were too spread-out due to the building program and the parents moved around a great deal with their children. A few parents never made it to the Speech/Tympanogram station.

Most of those evaluating the screening process said that the summer program for kindergarten should be instituted. The screening process highlighted the need for a prekindergarten program in the school district to meet the needs of the "high risk" population in the city before they approach school-age. A developmental kindergarten program also appeared as a necessity for the future.

Greater communication with the city's day care, preschool, nursery and Head Start programs regarding the purpose of the kindergarten screening process, kindergarten curriculum, primary school expecations, as well as identification of "high-risk" children was noted as a significant need. A few of the evaluators indicated the need for a checklist or rating scale for

preschool teachers to identify developmental, behavioral and/or emotional difficulties in young children that the school district could share with the preschool teachers in an inservice.

As a result of this activity some saw a need for greater assistance from the administration at all levels, including Principal, Director of Special Services, Superintendent and the Board of Education. One person saw a need for more information about what happens with the results and would like to see a presentation to the administration. A few saw a need for more cooperation from the parents and more group discussion with parents concerning the developmentally appropriate behavior of their children.

Evaluators feel that workshops, seminars and inservices are necessary for administrators, parents and teachers. One topic included the child's right to enter kindergarten if they are 5 by September 30 of that year. Some members of the committee seem to think that teachers feel that keeping children out another year is the only answer to their inability to conform to the present kinderarten curriculum. Other topics were developmentally appropriate behavior, developmentally appropriate curriculum, misuse of developmental screening instruments and tests, and identifying "high risk" children.

PKSC members stated that they would like to convene after this practicum experience is completed and the report written to make recommendations to Dr. Scalzo regarding the screening process. All PKSC members were genuinely satisfied with the ESI screening instrument, its smooth administration and informative interpretation. Most believe that the entire PreKindergarten Screening process gave a more complete picture of the child, her strengths and weaknesses.

The PreKindergarten Screening results show that here were no children identified as "Refer" in the April screenings. Of the 11 children identified as "Rescreen" in the April screenings, nine were rescreened in June and found to be in the "OK" range. The remaining two did not show-up for the rescreen. There were two early admission requests during the June screening. One of the early admission requests was identified as "Rescreen" and the other as "Refer". Both of these students and one of the rescreens from the April screenings were observed in their preschool settings. The two early admission requests were not recommended by the committee to the administration. The administration denied early admission. There were three children who scored "Rescreen" in April and showed improvement in June, who will require speech and

language therapy in Kindergarten, despite their overall "OK" rating (See Table 3).

Twenty-one students registered for kindergarten since June, 1989, were screened on August 22, 1989. From this group there were five "Refers" and four "Rescreens" including one early admission request. Parents were notified by letter and telephone call of the "Refers". "Rescreens" were notified by letter with a follow-up rescreening on October 10, 1989. Two parents came in for the rescreen. All of these children scored "Ok" on the rescreen.

Of the five "Refers", three parents wished to have their children evaluated by the CST immediately and initiated their own referrals. Two parents wished to have their children start Kindergarten and be observed by the PKSC during the month of September. One of these two children was referred to the CST in early September, 1989 by the parent and teacher. The other child was referred to the SRC for assistance by the classroom teacher in October, 1989.

Since September 1 there have been 32 new registrations for kindergarten. The Coordinator and School Psychologist have screened most of these children to date. Within ten days of their individual registration, results and recommendations were forwarded to their individual teachers and related

Table 3

Prekindergarten Screening Results
1989

| | April | June | August | Sept | Oct |
|---|---|---|---|---|---|
| Total # Screened | 80 | 15 | 21 | 13 | 15 |
| "OK" | 69 | 13 | 12 | 11 | 12 |
| "RESCREEN" | 11 | 1 | 4 | 2 | 2 |
| "REFER" | 0 | 1 | 5 | 0 | 1 |
| Classified as Handicapped | 0 | 0 | 0 | 0 | 3 |
| Referred to SRC/Identified | 2 | 1 | 2 | 2 | 2 |
| Elig. for Spch. and/or Lang. Therapy | 7 | 5 | 6 | 4 | 3 |
| Health/Physical Referral, ie. Vision, Hearing, Other Medical | 4 | 1 | 3 | 2 | 2 |
| Referred for Counseling | 7 | 2 | 4 | 3 | 4 |
| Referred to Physical Education Teacher | 3 | 1 | 2 | 1 | 0 |
| Re-Screened | - | 9 | 0 | 3 | 3 |
| Early Admissions Requests | 0 | 2 (Denied) | 1 (Denied) | 0 | 0 |
| Last Quartile Birthdates | 11 | 4 | 6 | 3 | 4 |
| Referred Last Quartile Birthdates | 0 | 0 | 1 | 0 | 0 |
| Unscreened Students Referred | 0 | 0 | 0 | 0 | 0 |
| Unidentified/Unscreened Students Referred for Intervention/SRC | 0 | 0 | 0 | 0 | 0 |
| Moved During Practicum | - | 4 | 3 | 5 | 3 |

specialists. Of the 22 screened to date there have been three "Rescreens" and one "Refer". As of November 3, 1989, only ten of the kindergarten children remain incomplete in the screening process. The screening processes were interrupted due to unavailability of PKSC personnel, schedule conflicts, or unavailability of the child due to attendance problems.

## Conclusions

The kindergarten experience is an important adjustment period for young children as they orient themselves to their roles as both students and social beings within the primary school environment. Reliability and validity in developmental screening with young children is a significant issue concerning public schools in this early childhood educational experience. Extreme caution is necessary in the administration and interpretation of any screening or testing instruments with young children. The related literature also shows us the significance of involving the teachers, school specialists and the parents in the early screening process. Children's success in school is directly related to how they perceive their parents to be involved with their teachers and other specialists in their school activities (ASCD, 1988;

Dagget, 1979; Keough, 1973; Meisels, 1987; Orlando, 1981; Peck, McCaig, & Sapp, 1988).

The first objective concerning choosing a valid and reliable screening instrument for identification of children who would benefit from early intervention or from special services before entering kindergarten was met, well within the established guidelines as evidenced by the data presented in the Results section and related Appendices. Various activities were introduced in order to accomplish this objective. These activities included identification of the screening coordinator, formation of the PreKindergarten Screening Committee, establishment of the criteria and adoption of the decision matrix for selecting the screening instrument to be utilized, review of 20 screening instruments, and selection of the Early Screening Inventory (ESI) screening instrument from three finalists.

Training the interdisciplinary screening committee in the administration and the interpretation of the chosen instrument and components of setting up a screening program was the second objective. Again, this objective was met for those PKSC members who participated in the training process for both the screening instrument and setting up the actual

screening program. Related literature was disseminated throughout the committee during the practicum implementation period which described various components of setting up a screening program.

The third objective to enhance communication with parents and teachers to improve their knowledge of developmental appropriate behavior and to become facilitators of child growth and development was met for those who participated in the activities. Administrators, teachers and parents were given the specifics of screening program purposes and objectives through various newspaper, radio PSA's, newsletters, and handouts. The PKSC reviewed the results of the screening and made recommendations for follow-up in writing to parents, administrators, guidance and teachers. Inservice training in the screening components was conducted for teachers, guidance and administrators. Ongoing communication with the parents, teachers, the principal, and guidance regarding specific results and follow-up was accomplished through telephone calls, memo, letter Kindergarten Orientation and parent-teacher conferences. Videos, cassettes, brochures, pamphlets and handouts dealing with developmentally appropriate behavior and child growth and development were made available to parents and school personnel throughout

the screening process. Primary school specialists were also available to answer parent questions on these issues.

In analyzing PKSC member, parent, teacher, guidance, and administrative response to the prekindergarten screening committee activities, one can conclude that the practicum proved to be an overall positive experience for all who participated. PKSC members were excited about their participation in the selection of the screening instrument, the training, the utilization and interpretation process. Teachers, guidance, administrators and specialists were pleased with the information derived from the screening and the resulting thorough and efficient follow-up of students who scored "Rescreen" or "Refer". Parents found the literature, follow-up letters, telephone calls, orientation and conferences informative. Their curiosity was stimulated for more literature, workshops, seminars and inservices on developmentally appropriate behavior as ongoing activities of the screening process.

## Recommendations

The best solutions to the validity and reliability issue with young children as seen throughout this practicum include brevity and individualization in

screening each child, appropriate administration, scoring and interpretation procedures, and adequate knowledge of child growth and development by the evaluators. The Early Screening Inventory screening instrument by itself is not adequate to diagnose the strengths and weaknesses of a young child. The ESI screening, scoring and interpretation by trained professionals, the Parent Questionnaire and professional interview, the Eyes/Ears screening, parent-provided physical and medical history, and the Speech/Tympanogram screening in the inital screening process identified those to "Rescreen" or to "Refer". Those identified as "Rescreen" or "Refer" were observed in preschool or the kindergarten program by both teachers and specialists. Parents provided additional information and assistance after they were educated in developmentally appropriate behavior. This comprehensive information provided a profile designed to meet the developmental needs of each child which was shared with parents and teachers. Together, both parents and school personnel worked for the benefit of their children.

The results of this practicum and the review of the literature indicate that PreKindergarten Screening programs are most successful when they directly match the assessed needs of the child population to be

screened, the evaluators, the kindergarten teachers and the parents (ASCD, 1988; Bredekamp, 1987; Dagget, 1979; Judy, 1986; Keough, 1973; Lichtenstein & Ireton, 1984; Meisels, 1987; Orlando, 1981; Peck, McCaig & Sapp, 1988; Ullman & Kausch, 1979). The PKSC member training program evaluation, the kindergarten teacher and parent training activities evaluations, and the total screening process evaluation address the following program needs and goals for the future of the kindergarten screening process in the Primary school:

1) Now that there is an effective PreKindergarten Screening process within the school district to identify children with special needs, it is essential to provide that early intervention and/or special service that these children require, prior to entrance into kindergarten. The establishment of a prekindergarten program for students identified as "Rescreen" or "Refer" in the screening process is essential to meeting the specific needs of these children. This could be provided for those students who meet the pre-established criteria in the year before their kindergarten entrance or as a 6- to 8-week summer program. A summer program would give prospective kindergarten teachers, parents and specialists an opportunity for systematic observation in a natural developmental setting. A determination could then be made for a developmental kindergarten placement or the regular kindergarten program. The developmental placement would be a two-year process beginning with the developmental kindergarten during the first year and a regular kindergarten program during the second year.

2) Communication with the city's day care, preschool, nursery and Head Start programs regarding the purpose of the kindergarten screening process, kindergarten curriculum, primary school expecations, as well as identification of "high-risk" children was noted as a significant need. The evaluators indicated the need for a checklist or rating scale for preschool teachers to identify developmental, behavioral and/or emotional difficulties in young children that the school district could share with the preschool teachers in an inservice.

## Dissemination

Dissemination of the abstract will take place at the Saturday, January 13, 1990, Cluster 26A meeting in Wilmington, Delaware. Upon approval of the final report, this practicum will be disseminated to the Primary School Principal, the Superintendent of Schools and the Director of Special Services in January, 1990. The approved written practicum report will be presented to the National Association for the Education of Young Children (NAEYC), the National Association for Children and Adults with Learning Disabilities (NJACLD) and to the New Jersey Association of Learning Consultants (NJALC).

As a recipient of the James Jan-Tausch Award (Appendix T) the writer will be writing a journal article for the New Jersey Association of Learning Consultants (NJALC) substantiating her results. This article will be reprinted in the Spring, 1990, NJALC

Journal. Upon receipt of the article by the James Jan-Tausch Committee, the writer will receive the balance of the grant money.

The writer has also been asked to present her practicum report for the Spring Symposium at Rutger's University. The Spring Symposium is sponsored by the New Jersey Association of Learning Consultants. The writer has been also been asked to make brief presentations in the Spring of 1990 to the local County Chapters of NAEYC and NJACLD.

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APPENDICES

APPENDIX A

# SPECIAL EDUCATION PLAN
# 1987-1990



County: Public Schools

School:
- [x] Primary
- [ ] Intermediate
- [ ] High School

Target Area:
- [x] Program
- [ ] Facilities
- [ ] Personnel
- [ ] Related Services

## Section A: Need

Each spring the Public Schools conduct a pre-school screening program for children planning to enter kindergarten in September. A few children are identified as "high risk" in terms of readiness. Although the "high risk" children are identified and their needs made known to this kindergarten teacher, nothing formally occurs prior to the start of school. This group of young children need a program designed to improve readiness skills. Their parents need a systematic inservice program as an aid in focusing on pragmatic home assistance. The school needs more diagnostic data regarding individual strengths and weaknesses.

## Section B: Goal(s) and Objectives

1. To provide a half-day, four week summer program for identified at-risk, pre-kindergarten children.

    1. To provide for the developmental needs of from 5 to 10 children identified as high risk through our pre-school screening program.

    2. To provide suggestions and hands-on experiences for parents of these children to aid in the success of their children when they formally enter kindergarten.

County: Public Schools

Section C/D: Plan of Action/Evaluation Plan

For the past several years the Public Schools has conducted a pre-school screening program for children who expect to enter kindergarten the following September. As a result of this screening process, certain children are considered "at risk" in terms of their readiness for a kindergarten experience. The school district has been fortunate to have a consistent group of individuals conducting the pre-school screening each year. Capitalizing on this experience, the school district will form a committee consisting of a school social worker, school psychologist, learning consultant, speech therapist, and physical education teacher. This committee will become operational in September 1987 with the task of establishing the curriculum and methodology to use in a four-week summer program for these "at-risk" children. This activity should be accomplished by January 1988. The staff at the Primary School will be advised of this committee and its purpose. In October 1987, the Director of Special Services will make a recommendation to the Superintendent of Schools regarding the selection and hiring of a special education teacher and speech therapist for this program. A stipend for services rendered will be discussed with the Superintendent of Schools with his final recommendation given to the Board of Education. This should be completed by November of 1987. The actual selection of personnel to implement the program will be made no later than March 1, 1988.

Another responsibility of the committee will be to select and order materials necessary for the program. This should be completed by March of 1988. It is anticipated that much of the equipment and materials needed for this program will be available within the district; however, approximately $600.00 should be set aside for additional materials not available within the district.

In making decisions regarding curriculum and methodology, the committee will analyze the results of the spring 1987 pre-school screening results. However, further curricular and/or methodology changes will be made following the spring of 1988 pre-school screening when the "high risk" group of children is identified. After identification, parents will be called in for a personal conference with the screening committee. It will be at this time that a parent will be given the opportunity to accept the district's offer of providing this four week program. Following parent approval, members of the child study team and the parent will develop a plan of action which will be followed during the course of the program.

The committee originally selected in September of 1987, will have one other very important responsibility. They will investigate various parent workshops that can be offered for the parents of "high risk" pre-school children. It will be the goal of this program to offer at least one workshop per week for parents.

Topics, time schedule, and presenters will be cited by the committee. It is anticipated that members of the child study team will be the primary providers of inservice education. Approximately $300.00 should be set aside in the 1987-88 budget for inservice education for members of the child study team who will be presenters. Approximately $200.00 will be needed for any supplies and materials to implement inservice programs on a weekly basis. By March of 1988, the total inservice program should be developed and ready for implementation.

Evaluation of the program will take two forms. The committee will develop a questionnaire for parents to assess the effectiveness of the inservice training. The second survey will be developed by the committee to assess the parents' perception of their children's program. The child study team will meet weekly with the teacher and speech therapist to assess each student's individual progress, which will be monitored by the teacher through a daily, anecdotal record sheet. Finally, a summary conference will be held with the parents at the conclusion of the program to review the overall, individual student results.

During the month of August the child study team will analyze the results of this program and provide the kindergarten teachers with input regarding the individual needs of these students as they enter kindergarten.

## APPENDIX B

### INFORMAL SURVEY: PKST
(ORALLY ADMINISTERED)

1. WHAT IS YOUR OPINION ABOUT YOUR CURRENT PRE-K SCREENING INSTRUMENT/TECHNIQUE?

   4 SATISFIED/COMFORTABLE WITH IT

   10 DISSATISFIED/UNCOMFORTABLE WITH IT

2. HAVE YOU EVER INVESTIGATED OTHER PRE-K SCREENING INSTRUMENTS IN THIS SCHOOL DISTRICT?

   7 WITHIN YOUR DISCIPLINE

   0 AS A SCREENING TEAM

   3 INDIVIDUALLY

   13 I NEED TO EXAMINE SEVERAL DEVELOPMENTAL SCREENING INSTRUMENTS

3. HOW HAVE YOU CHOSEN PREVIOUS SCREENING INSTRUMENTS IN THIS SCHOOL DISTRICT?

   2 I HAVE HAD NO INPUT INTO PREVIOUS CHOICES OF INSTRUMENTS.

   6 CHOSEN BY MY DISCIPLINE BASED UPON PREVIOUS EXPERIENCE BY COLLEAGUE WITH INSTRUMENT

   4 BASED UPON AVAILABILITY OF INSTRUMENT/CONVENIENCE

   1 BASED UPON REVIEW OF LITERATURE/MANUALS

   1 BASED UPON REVIEW OF SEVERAL SCREENING INSTRUMENTS/MANUAL WITHIN DISCIPLINE

4. HAVE YOU COMMUNICATED WITH OTHER DISCIPLINES IN THE PRE-K SCREENING PROCESS, OTHER THAN THROUGH THE INITIAL MEETING AND INTERPRETATIVE MEETING SET UP BY THE DIRECTOR OF SPECIAL SERVICES?

__4__ YES

__10__ NO

IF NO, WHY NOT? Accepted their expertise and/or knowledge; not enough time allowed; satisfied with current information recieved.

5. HOW DO YOU FEEL ABOUT THE CURRENT FOLLOW-UP PROCESS WITHIN THE SCHOOL WITH KINDERGARTEN TEACHERS, GUIDANCE AND PRINCIPAL?

__9__ I AM CURRENTLY NOT INCLUDED IN IT

__7__ I HAVE VERY LITTLE KNOWLEDGE OF IT

__10__ WE DO NOT SEEM TO BE DOING ENOUGH

__2__ I AM SATISFIED/COMFORTABLE WITH THE CURRENT PROCESS.

6. HOW DO YOU FEEL ABOUT THE PARENT COMMUNICATION PROCESS FOLLOWING PRE-K SCREENING WHEN THE LETTER WITH THE RESULTS IS SENT HOME?

__2__ I AM SATISFIED WITH THE CURRENT LETTER FORMAT.

__7__ I AM DISATISFIED WITH THE CURRRENT LETTER FORMAT AND FEEL WE NEED TO CHANGE IT.

__5__ I AM NOT FAMILIAR ENOUGH WITH THE LETTER FORMAT TO COMMENT AT THIS TIME.

7. HOW DO YOU FEEL ABOUT THE COMMUNICATION PROCESS WITH PARENTS AFTER PRE-K SCREENING/ FOLLOW-UP AFTER THE INITIAL LETTER IS SENT HOME?

__8__ I DON'T KNOW. I'M NOT DIRECTLY INVOLVED IN THE PARENT COMMUNICATION PROCESS.

__12__ WE NEED TO DISSEMINATE MORE MATERIALS/KNOWLEDGE TO PARENTS ABOUT WHAT CONSTITUTES DEVELOPMENTALLY APPROPRIATE BEHAVIOR.

__11__ WE NEED TO HAVE MORE DIRECT ORAL COMMUNICATION WITH PARENTS THROUGH PTA, PSA'S AND WORKSHOPS/SEMINARS.

__4__ I TALK TO PARENTS DIRECTLY BY TELEPHONE OR IN-PERSON.

__3__ I COMMUNICATE WITH PARENTS THROUGH LETTER OR NOTE MAILED TO THE HOME.

COMMENTS/CONCERNS ABOUT THE CURRENT PRE-K SCREENING PROCESS:

| STRENGTHS | WEAKNESSES |
|---|---|
| Multidisciplinary Team | Unreliable/invalid screening tools |
| Professionally Administered | Standard scores unavailable |
| Individual Administration | Long, tedious, repetitive |
| Nurse's Assessment | Instruments not available in another language |
| Impedance Testing | LD Test experience uninteresting, & unenjoyable for many children. |
| Speech/Language Testing | Results are generally not acceptable for follow-up assessments |
| Parent Questionnaire | |
| Inexpensive | |
| Easy to administer | |

TRAINING PROGRAM EVALUATION FORM

ACTIVITY: _____

Directions: Please answer the questions in the space provided or on the reverse side.

1. What did you like most about this activity?

_____

_____

2. What did you like least about this activity?

_____

_____

3. Please check one or more. As a result of this activity, I...

_____ need assistance from the administration.

_____ need more information about _____

_____ need assistance from the PKSC.

_____ need assistance from parents.

_____ need assistance from kindergarten teachers

_____ need a workshop (or follow-up workshop) on _____

My overall rating for this activity is (Please circle one):

| 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| Excellent | Very Good | Good | Fair | Poor |

Additional Comments: _____

_____

Date: _____ Name (Optional): _____

Please return to the facilitator.
Thank you for your cooperation in this project.

Ellen M. Wright, Ed.S.
PKS Program Facilitator

# MEISEL'S DECISION MATRIX

Name of **screening instrument:**
Early Screening Inventory (ESI)

**Authors** of screening instrument: S. J. Meisels, & M. S. Wiske

The **age range** covered by the test is: 4 years–6 years

The instrument is designed to be **administered to:**

- [x] individuals
- [ ] groups

The amount of **time** required for administration is 15–20 minutes.

The test can be **administered by:**

- [x] teachers
- [x] specialists
- [x] volunteers/assistants—when carefully trained and supervised

The following **training materials** are available:

- [x] audiovisual materials: videotape
- [ ] other:

The **developmental areas** covered by the test include:

- [x] expressive language
- [x] receptive language
- [x] reasoning
- [x] auditory reception
- [x] gross motor
- [x] fine motor
- [x] perceptual-motor
- [x] behavior

**Description:** The ESI is composed of 30 items that are related to three general areas of development: visual-motor/adaptive functioning, language and cognition, and gross motor/body awareness.

From Developmental Screening in Early Childhood: A guide by S. J. Meisels, 1987, P. 34-35. Copyright 1987 by Meisels and NAEYC. Reprinted by permission from the AUTHOR.

The following **statistical information** is available:

*standardized norms*

☒ by age

☐ by sex

*reliability*

interobserver = .91

test-retest = .82

*validity**

concurrent = .91 (correlation with: McCarthy Scales of Children's Abilities [MSCA])

predictive = .82 (correlation with: first grade school performance)

concurrent sensitivity = .87 (criterion: MSCA)

concurrent specificity = .90 (criterion: MSCA)

predictive sensitivity = .92 (criterion: first grade school performance)

predictive specificity = .72 (criterion: first grade school performance)

*Validity data from:

Meisels, S. J., Wiske, M. S., & Tivnan, T. (1984). Predicting school performance with the Early Screening Inventory. Psychology in the schools, 21, 25-33.

Wiske, M. S., Meisels, S. J., & Tivnan, T. (1982). The Early Screening Inventory: A study of early childhood developmental screening. In N. J. Anastasiow, W. K. Frankenburg, & A W. Fandal (Eds.), Identification of high risk children. Baltimore: University Park Press.

The instrument provides for **parent input** through:

☒ parent questionnaire

☐ parent report items

The **languages**, other than English, in which it is available:

☒ Spanish

☒ other: Korean

The total **cost** of the test is:

Manual, materials, and scoresheets: $39.95 for 30 children

The instrument is **available from:** Teachers College Press, P.O. Box 1540, Hagerstown, MD 21740

**Comments:**

The ESI is an easily learned, brief screening instrument that samples developmental, rather than school achievement, abilities and focuses on performance in a wide range of developmental areas. The test yields a total score that can be converted into an OK, rescreen, or refer decision. Results from several reliability and validity studies demonstrate that the ESI predicts school performance with moderate to excellent accuracy through the end of second grade.

The predictive sensitivity of the ESI is somewhat higher than its specificity: It overrefers slightly more than it underrefers. Furthermore, although the test does not appear to have any inherent bias, and concurrent validity was based on a stratified sample, the long-term validity of the instrument (kindergarten to grade 4) was established with a group of low- to lower-middle SES urban, White children. Nevertheless, the ESI makes a substantial contribution to the short-term and longitudinal prediction of children at risk for learning problems or handicapping conditions.

## INITIAL TRAINING EVALUATION

### Inservicing

| ESI: | April | July | Sept |
|---|---|---|---|
| Screening Instrument | 6 | 2 | 0 |
| Parent Questionnaire | 6 | 0 | 2 |
| Screening Program Components | 11 | 0 | 0 |

### Results

| ESI: | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| *Screening Instrument | 4 | 3 | 1 | 0 | 0 |
| **Parent Questionnaire | 4 | 1 | 2 | 1 | 0 |
| ***Screening Program Components | 8 | 1 | 1 | 1 | 0 |

*8/8 or 100% Rated ESI: Screening Instrument Inservice as Good to Excellent

**7/8 or 87% Rated ESI: Parent Questionnaire Inservice as Good to Excellent

***10/11 or 90% Rated Screening Program Set-up & Components as Good to Excellent

FOLLOW-UP TRAINING EVALUATION RESULTS



## FOLLOW-UP TRAINING EVALUATION

### Inservicing of Parents

| | April | May | June | August | Sept-Nov |
|---|---|---|---|---|---|
| #In Attendance/ | 80 | 62 | 15 | 21 | 3 |
| Responses | 43 (53%) | 48 (77%) | 12 (80%) | 19 (90%) | 3 (100%) |

### Results

| | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| April Screening Materials | 30 (71%) | 4 (9%) (91% Positive) | 5 (11%) | 3 (7%) | 1 (2) |
| May Orientation | 37 (77%) | 2 (4%) (85% Positive) | 2 (4%) | 5 (11%) | 2 (4%) |
| June Screening/ Materials | 6 (50%) | 4 (33%) (91.5% Positive) | 1 (8.5%) | 1 (8.5%) | 0 |
| August Screening/ Materials | 13 (68%) | 2 (10%) (84% Positive) | 1 (6%) | 2 (10%) | 1 (6%) |
| Sept-Nov Screening/ Materials | 1 (33.35%) | 2 (66.65%) (100% Positive) | 0 | 0 | 0 |

### Inservicing Teachers/Administrators/Guidance Counselor

| | | | | | |
|---|---|---|---|---|---|
| Aug-Nov Follow-up | 3 (50%) | 3 (50%) (100% Positive) | 0 | 0 | 0 |
| Video/ Cassettes | 2 (40%) | 2 (40%) (100% Positive) | 1 (20%) | 0 | 0 |
| Literature: Pamphlets | 2 (33%) | 3 (50%) (100% Positive) | 1 (17%) | 0 | 0 |

Center For
Human Growth
& Development

The University of Michigan
300 N. Ingalls, 10th Level
Ann Arbor, MI 48109-0406
(313) 764-2443



January 13, 1989

Ellen M. Wright, Ed.S.

Dear Ms. Wright:

I am enclosing information on renting the ESI training videotape. I am also sending along some other materials relating to the ESI. Please feel free to use any of my published material with conventional citation.

Sincerely,

Samuel J. Meisels
Research Scientist

SJM:sk

Enclosures

APPENDIX H

SCREENING EVALUATION FORM



SCREENING EVALUATION

Directions: Please answer the questions in the space provided or use the reverse side.

1. What did you like most about the screening process?

_____

_____

2. What did you like least about the screening process?

_____

_____

3. Please check one or more. As a result of the screening process, I...

_____ need assistance from the administration.

_____ need more information about _____

_____ need assistance from the PKSC.

_____ need assistance from parents.

_____ need assistance from kindergarten teachers

_____ need a workshop (or follow-up workshop) on _____

My overall rating is (Please circle one):

| 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| Excellent | Very Good | Good | Fair | Poor |

Additional Comments: _____

_____

Date: _____ Name: (OPTIONAL)_____

Please return to the facilitator.
Thank You for your cooperation in this project.

Ellen M. Wright, Ed.S.
PKS Facilitator

APPENDIX I

JAMES JAN-TAUSCH RESEARCH COMMITTEE LETTER

133

Ellen M. Wright, Ed.S.

January 1, 1989

James Jan-Tausch Research Committee

Dear Mr. and Committee Members:

On behalf of the School District, in particular the Prekindergarten Screening Committee, I am enclosing a proposal entitled: " A Developmental Prekindergarten Screening Program for Identification of At Risk Kindergarten Eligible Children" for your consideration. We are requesting from the James Jan-Tausch Research Award Committee a grant of $1000 to fund the purchase of new screening instrument(s) for identification of children who would benefit from early childhood intervention, as well as to train prospective evaluators, kindergarten teachers and parents involved in the total prekindergarten screening process. Our anticipated period of implementation is January 1, 1989 through September 30, 1989.

I am presently employed in the Primary School as a Learning Consultant. I have been an active member of the New Jersey Association for Learning Consultants for ten years. I feel that this proposed project and the extensive research conducted will be a practical guide to other Learning Consultants who would wish to replicate it.

Thank you once again for your consideration. I am looking forward to your response.

Sincerely,

Ellen M. Wright, Ed.S.
Learning Consultant

# APPENDIX J

## GOVERNOR'S TEACHER GRANTS PROGRMA LETTER



Ellen M. Wright, Ed.S.

January 2, 1989

Governor's Teacher Grants Program
N.J. Department of Education

To Whom It May Concern:

Please forward to me detailed program information and applications for the regular Governor's Teacher Grant, as well as the "Adoption" grant program. I have developed and will be implementing a new educational project in the Primary School as a Learning Consultant. My proposed project will be implemented from January 3, 1989 through October 3, 1989. My proposed title is: " A Developmental Prekindergarten Screening Program for Identification of At Risk Kindergarten Eligible Children."

I propose to improve upon the current prekindergarten screening process at the Primary School in order to better identify those students who may be eligible for special education and to propose a program for those who may be immature or mildy developmentally delayed during the summer of 1989. Thank you for making these financial grants available to our profession. I will be looking forward to your reply.

Sincerely,

Ellen M. Wright, Ed.S.
Learning Consultant

APPENDIX K

PKSC FORMATION LETTER



MEMO

TO:

FROM: Ellen M. Wright
PreKindergarten Screening Committee Coordinator

DATE: January 3, 1989

RE: Formation of the PreKindergarten Screening Committee (PKSC)

You are invited to join the PreKindergarten Screening Committee (PKSC) for its first meeting on Wednesday, January 18, 1989 from 3:05 PM until 3:45 PM in the Primary School Child Study Team Offices. If you are unable to attend this orientation meeting and would like to be a member of the PKSC please see me as soon as possible.

The purpose of this initial meeting is to 1) delineate the established criteria for selecting the new screening instrument to be utilized in the April PreKindergarten Screening, and 2) begin reviewing and evaluating appropriate screening instruments according to the established criteria

has identified me as the PreKindergarten Screening Committee (PKSC) Coordinator for the purpose of implementing my second Nova University doctoral practicum project entitled: "Identifying 'At Risk' Kindergarten Eligible Children Through the Development of a Comprehensive PreKindergarten Screening Program."

cc.

## SCREENING INSTRUMENTS LIST

* ABC INVENTORY
* BATTELLE SCREENING INVENTORY (BSI)
* BRIGANCE DIAGNOSTIC INVENTORY OF EARLY DEVELOPMENT
- BRIGANCE PRESCHOOL SCREEN
- CALIFORNIA PRESCHOOL SOCIAL COMPETENCY SCALE
** COMPREHENSIVE IDENTIFICATION PROCESS (CIP)
* THE DALLAS
*** DENVER DEVELOPMENTAL SCREENING TEST-REVISED (DDST-R)
* DEVELOPMENTAL INDICATORS: FOR THE ASSESSMENT OF LEARNING (DIAL)
* DEVELOPMENTAL PROFILE (ALPERN & BOLL)
**** EARLY SCREENING INVENTORY (ESI)
* FOLLETT EARLY DETECTION INVENTORY
* GESELL DEVELOPMENTAL SCHEDULES/SCHOOL READINESS TESTS
* LEARNING ACCOMPLISHMENT PROFILE (LAP)
*** MCCARTHY SCREENING TEST (MST)
* MCGRAW-HILL COOPERATIVE PRESCHOOL INVENTORY
* MILLER ASSESSMENT FOR PRESCHOOLERS
** MINNESOTA CHILD DEVELOPMENT INVENTORY/MINNEAPOLIS PRESCHOOL SCREENING INVENTORY (MPSI or MCDI)
* PORTAGE GUIDE TO EARLY EDUCATION
- PRESCHOOL ATTAINMENT RECORD
* SEEC MINIWHEEL AND MAXIWHEEL OF DEVELOPMENTAL MILESTONES (SCHAUMBURG)
- SRA'S PRIMARY MENTAL ABILITIES TEST
* TEST OF BASIC EXPERIENCES (TOBE)
* YELLOW BRICK ROAD

\- 4 Immediately Eliminated

* 20 Selected Screening Instruments to Examine

** 5 Selected Screening Instruments

*** 3 Selected Screening Instruments

**** 1 Selected Screening Instrument

# APPENDIX M

## COVER LETTER TO PARENTS ON SCREENING



March, 1989

Dear Parent/Guardian:

Welcome to the educational family! Our prekindergarten screening program will be your child's first contact with members of our professional staff. Please read your registration materials materials for a more detailed description of the screening process.

To help us effectively complete our screening with your child, your cooperation and assistance is necessary. The attached questionnaire is for you to complete and return at the time of screening. A member of our PreKindergarten Screening Commmittee (PKSC) will review the completed questionnaire with you at that time.

Kindergarten is an enjoyable experience for children. Hopefully, our screening program will help your child to begin school with a positive experience. Again, we welcome you to our school and thank you for your cooperation.

Sincerely,

Director of Special Services

Attachment

P.S. Reminder: Your child will be screened on

_____ at _____

in the _____

Please be prompt. Please telephone in advance if you cannot keep your appointment.

APPENDIX N

CHECK POINT SHEET



APPENDIX N
PREKINDERGARTEN SCREENING
CHECK-POINTS

NAME: _____ DATE: _____

D.O.B.: _____ C.A.: _____

CHECK POINTS

_____ Station A: Nurse Eyes/Ears

_____ Station B: School Social Workers/Psychologists
Parent Questionnaire

_____ Station C: Learning Consultants/Language Specialists
Early Screening Inventory

Trailer #: _____
Door #: _____

_____ Station D: Speech/Language Specialist
Tympanometry/Speech

**Parent Lounge in Trailer #3. Door #6 for Parents and younger children.

# APPENDIX O

## ESI: PARENT ORIENTATION HANDOUT



EARLY SCREENING INVENTORY

Federal and state laws mandate that young educationally handicapped children be found, identified, and treated. Developmental screening tests are the best method for identifying such children. Unlike readiness tests that are designed to measure a child's relative preparedness to benefit from a specific curriculum or instructional approach, developmental screening tests predict which children are likely to have problems in school.

The Early Screening Inventory (ESI) is a developmental screening test for 4-to 6-year olds that is highly accurate in selecting children who are at-risk in an early childhood curriculum. The ESI can be used for two purposes. First, it identifies children who need further evaluation and possibly special education services. Second, it can also be used by teachers to identify children who require a modified or individualized preschool or kindergarten program. The ESI does not require extensive training, and takes only 15 to 20 minutes to administer. The ESI has excellent reliability and validity and conforms to the testing guidelines for the National Association of the Education of Young Children (NAEYC), the Association for Childhood Education International (ACEI) and the Association for Supervision and Curriculum Development (ASCD).

The ESI includes a brief review of your child's eye/hand coordination, language skills, reasoning abilities, and muscle control, as well as a Parent Questionnaire. You will receive a letter within the week indicating "OK", "Rescreen" or "Refer".

Some children's development may be slower than other children of the same age. All children grow faster in some areas and slower in others. Many young children will outgrow a delay in a few months. They just need time to develop. Therefore children who receive a "Rescreen" rating on the screening are usually rescreened in 6 to 8 weeks and observed in a classroom to determine growth and development before any further evaluation is attempted. The developmental screening will be repeated for these children on the date and time indicated on the follow-up letter. Children who receive a "Refer" rating will be observed in a classroom setting. Parents, teacher and evaluators will meet to discuss the screening and observation to determine whether a referral for a more comprehensive evaluation is recommended.

APPENDIX P

SUMMARY SHEET

APPENDIX P



PREKINDERGARTEN SCREENING SUMMARY SHEET

NAME: _____ DATE: _____

D.O.B.: _____ TOTAL SCORE: _____

C.A.: _____ RATING: _____

SOCIAL WORKERS/PSYCHOLOGISTS

PARENT QUESTIONNAIRE:

NURSE

EYES/EARS/OTHER MEDICAL:

SPEECH/LANGUAGE SPECIALISTS

TYMPANOMETRY:

SPEECH:

ESI

EYE-HAND COORDINATION:

LANGUAGE:

LARGE-MUSCLE COORDINATION:

OTHER:

SCREENERS SIGNATURES:

_____ _____ _____

_____ _____ _____

APPENDIX Q

"OK" SCREENING LETTER



Date: _____

Re: _____
D.O.B.: _____

Mr./Mrs./Ms. _____

Dear Parent/Guardian:

_____ was recently screened by the PreKindergarten Screening Committee (PKSC) sponsored by the Department of Special Services. This screening included a brief review of your child's eye-hand coordination, language skills, reasoning abilities, and muscle control. The results of this screening indicated that your child appears to be developing normally in all of these areas at this time.

If you have any questions about this information, please call Ellen Wright, PKSC Coordinator at .

Sincerely,

Ellen M. Wright
PKSC Coordinator

APPENDIX R

"RESCREEN" SCREENING LETTER



Date: _____
Re: _____
D.O.B.: _____

Mr./Mrs./Ms. _____

Dear Parent/Guardian:

_____ was recently screened by the PreKindergarten Screening Committee (PKSC) sponsored by the Department of Special Services. This screening included a brief review of your child's eye-hand coordination, language skills, reasoning abilities, and muscle control.

The results of this screening indicated:

_____ Your child appears to be developing normally in all of these areas at this time.

_____ Your child's development may be slower than other children of the same age in the following areas:

_____ eye-hand coordination-Your child may benefit from playing with crayons, puzzles, or blocks.

_____ language-Your child may benefit from talking with adults or listening to stories read from books.

_____ large-muscle coordination-Your child may benefit from playing outdoors and climbing on playground equipment.

_____ social-emotional domain - Your child may benefit from _____
_____.

_____ As you know, all children grow faster in some areas and slower in others. Many young children will outgrow a delay in a few months. For this reason we do not recommend further evaluation at this time. Instead, we plan to repeat the developmental screening _____. We will let you know if we recommend a more thorough evaluation at that time.

If you have any questions about this information, please call Ellen Wright, PKSC Coordinator at .

Sincerely,

Ellen M. Wright
PKSC Coordinator

APPENDIX S

"REFER" SCREENING LETTER



Date: _____
Re: _____
D.O.B.: _____

Mr./Mrs./Ms. _____

Dear Parent/Guardian:

_____ was recently screened by the PreKindergarten Screening Committee (PKSC) sponsored by the Department of Special Services. This screening included a brief review of your child's eye-hand coordination, language skills, reasoning abilities, and muscle control.

The results of this screening indicated:

_____ Your child's development may be slower than other children of the same age in the following areas:

_____ eye-hand coordination-Your child may benefit from playing with crayons, puzzles, or blocks.

_____ language-Your child may benefit from talking with adults or listening to stories read from books.

_____ large-muscle coordination-Your child may benefit from playing outdoors and climbing on playground equipment.

____ social-emotional domain - Your child may benefit from _____
_____

A member of the PKSC has attempted to contact you/Please contact the PKSC Coordinator at the Primary CST office by telephone concerning the need for further observation and further assessment. The purpose of this observation and testing would be to decide whether your child has special needs and to plan possible ways of helping him/her as he/she starts school. Please contact the PKSC coordinator, Ellen Wright, at your earliest convenience to arrange a meeting with a member of the screening committee.

Sincerely,

Ellen M. Wright
PKSC Coordinator

APPENDIX T

JAMES JAN-TAUSCH AWARD



May 24, 1989

Mrs. Ellen Wright

Dear Mrs. Wright:

Congratulations on the acceptance of your Pre-kindergarten Screening Proposal by the Jan-Tausch Research Committee of the New Jersey Association of Learning Consultants. The grant of $600.00 which you received to offset the cost of screening materials is a credit to your untiring efforts to provide clinical/research based evaluative procedures to improve our total pre-school screening process.

I feel that the School District is very fortunate to have such a well-organized, talented resource person as you within the district. I would appreciate receiving a copy of the ten-page journal article which you are in the process of writing as a result of this grant.

Sincerely yours,

cc:



EQUAL OPPORTUNITY EMPLOYER